

PROVIDER MANUAL

2012-2013



Missouri Department of Health and Senior Services
Division of Community and Public Health
Bureau of Cancer and Chronic Disease Control
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2012-2013 PROVIDER MANUAL for Show Me Healthy Women & WISEWOMAN







Provider Manual Show Me Healthy Women and WISEWOMAN

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Show Me Healthy Women Grant Year 22 WISEWOMAN Grant Year 10

Show Me Healthy Women & WISEWOMAN Provider Manual

Overview

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Overview of Show Me Healthy Women and WISEWOMAN Programs

Welcome to the Missouri Show Me Healthy Women (SMHW) and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) programs. These programs are offered through the Missouri Department of Health and Senior Services (DHSS). The purpose of the SMHW and WISEWOMAN Provider Manual is to help participating health professionals understand program requirements and provide services to program-eligible women.

This manual is intended to offer an integrated approach in providing SMHW and WISEWOMAN services. It is designed to provide important information needed to enroll clients into the SMHW and WISEWOMAN programs, explain health professional roles and responsibilities, define reimbursable services and provide necessary reimbursement and billing information. It also includes a framework for clinical guidelines to adhere to program standards. SMHW and WISEWOMAN staff is available to assist providers on a regular basis using e-mail, telephone, and on-site visits as needed. Help is available from the SMHW and WISEWOMAN staff by calling 1.573.522.2845.

Show Me Healthy Women Vision and Mission

Vision Statement Improve the quality of life in Missouri through the cure and elimination of

breast and cervical cancers.

Mission Statement Support quality screening, diagnostic and treatment services in

accordance with current medical standards of care for breast and cervical cancers for all women in Missouri. This is achieved by education, community outreach and resource development in partnership with public

community outreach and resource development in partnership with public

and private entities, communities and

citizens.



WISEWOMAN Vision and Mission

Vision Statement A world where any woman can access

preventive health services and gain the

wisdom to improve her health.

Mission Statement *Provide low-income, underinsured or*

uninsured 35-64 year old women with the knowledge, skills and opportunities to

improve their diet, physical activity and other life habits to prevent, delay

or control cardiovascular and other chronic diseases.



History

National Breast and Cervical Cancer Early Detection Program

http://www.cdc.gov/cancer/nbccedp/

The United States Congress passed the Breast and Cervical Cancer Mortality Prevention Act of 1990 (Public Law 101-354) to establish the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) in 1990. The Centers for Disease Control and Prevention (CDC) authorizes the NBCCEDP to provide grants to states, American Indian/Alaska Native tribes and U.S. Territories to carry out cancer early detection activities.



WISEWOMAN

http://www.cdc.gov/wisewoman

Congress amended the NBCCEDP Public Law 101-354 in 1993 to create the WISEWOMAN Program. WISEWOMAN addresses women's risk for heart disease and stroke by providing cardiovascular disease (CVD) health screenings and risk reduction lifestyle education for NBCCEDP clients.

NBCCEDP and WISEWOMAN Similarities

NBCCEDP shares an established infrastructure with WISEWOMAN to provide integrated services including:

- Recruiting and working with women eligible for services.
- Delivering screening services through an established health care delivery system.
- Collecting and reporting minimum data elements (MDEs) used to track, monitor and evaluate program efforts.
- Providing professional development opportunities for staff, providers and partners.
- Providing public education to raise awareness about the need for women to receive program services.
- Assuring that quality care is provided to women participating in the program.

At-A-Glance Comparison of NBCCEDP and WISEWOMAN

| Topic | NBCCEDP/SMHW | WISEWOMAN |
|--|--|--|
| First state/tribal health agency was funded | 1990 | 1995 |
| Number of nation- wide funded programs | 50 states, District of Columbia, five territories and 12 tribal organizations | 18 states and two tribal organizations |
| Program administration | CDC's Division of Cancer Prevention and Control Program, Services Branch, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) | CDC's Division for Heart Disease and Stroke Prevention, Program Development and Services Branch, NCCDPHP |
| Services provided | Cancer screening: breast exam, Pap test and mammography Diagnostic tests to identify breast and cervical problems Referrals to health care providers for medical management of conditions for women with abnormal or suspicious test results Referrals for women who smoke to the Missouri Tobacco Quitline | CVD risk factor screening including: -blood pressure -cholesterol and high density lipoproteins (HDL) -glucose -body mass index (BMI) (height and weight) -assessments of CVD history, health habits and readiness to change habits Referrals to health care providers for diagnostic services and medical management of conditions for women with abnormal screening values (No funding allowed for treatment) Lifestyle education interventions to promote lifestyle behavior changes and reduction of CVD risk Links participants to free or low-cost community-based nutrition, physical activity and tobacco cessation resources |

Contractual Agreements

SMHW and WISEWOMAN programs utilize contracts with service providers to deliver program services. Contracts are available for SMHW only services or for providers who choose to deliver both SMHW and WISEWOMAN services.

What we do:

- Establish annual contracts for screening providers.
- Provide an easily accessible program manual which describes screening, follow-up, education and reporting guidelines based on national CDC guidelines.
- Require providers utilize the Clinical Laboratory Improvement Amendments of 1988 (CLIA) approved laboratories or assure laboratory equipment is CLIA waived.
- Provide Regional Program Coordinators (RPC) for each geographic region to assist providers
 with training, technical assistance, and tracking clients with abnormal values to ensure clients
 receive appropriate follow-up.
- Provide training and technical assistance to provider staff.
- Provide client recruitment targeting ethnically diverse program-eligible women.
- Provide client educational materials and tools.
- Provide required reporting forms and data system for submitting service reports.
- Reimburse providers for allowable services according to the Medicare 01 region rates.
- Monitor provider services to assure quality standards are maintained.
- Maintain a central data system for tracking and reporting required data to CDC.
- Assist the service providers with client case management/follow-up and annual evaluation screening efforts.
- Provide promotional items, literature and other public educational materials when available.

Show Me Healthy Women Advisory Board

The purpose of the SMHW Advisory Board is to strengthen the program's activities in the state of Missouri through professional and policy development, public and clinical education, private partnerships, and coalition building.

The advisory board's responsibilities are to:

- Advise SMHW management on SMHW issues.
- Assist SMHW in enhancing the breast and cervical cancer control knowledge and skills of Missouri's health care professionals.
- Assist SMHW in identifying appropriate breast and cervical cancer control legislation.
- Establish task forces, as necessary, to assist SMHW in developing cancer control policies, such as cervical and breast cancer screening protocols and policies, diagnostic guidelines, and funding applications.
- Assist SMHW in identifying partners who will extend and enhance the work of SMHW.

The SMHW Advisory Board is composed of representatives of organizations that are, or potentially can be, involved in SMHW activities and of individuals with special expertise in breast and cervical cancers. The board has a maximum of 40 members. Board members are elected to serve a two-year term. Board meetings are held quarterly and are open to the public.

WISEWOMAN Medical Advisory Committee

The Quality Health Care Work Group of the Missouri Heart Disease and Stroke Prevention Partnership serves as an advisory group for the WISEWOMAN program. The Quality Health Care Work Group is a work group originating from the Heart Disease and Stroke Partnership formed in August 2009. The purpose of the Quality Health Care Work Group is to assist programs with planning and implementing interventions on quality health care issues for heart disease and stroke related to grant priorities and to provide medical advice on protocols, policies, and diagnostic guidelines, program questions requiring a medical interpretation and funding applications. This group convenes quarterly by phone or face-to-face meetings. Cardiologists are available for medical consultation if needed.

Show Me Healthy Women & WISEWOMAN Provider Manual

Provider Requirements

| CONTRACTUAL REQUIREMENTS | 2.1 |
|--|-----|
| PROVIDER APPLICATION APPROVAL CRITERIA | 2.6 |
| PROVIDER APPLICATION | 2.7 |







Provider Contract Requirements

All of the following provider contract requirements must be met.

1. Complete Provider Application:

Complete and sign the Provider Application (refer to page 2.7) and Provider Contract annually.

2. Recruit Clients:

Recruit clients by the following activities.

- Utilize public education resources provided by DHSS to recruit eligible women.
- Collaborate with ACS, NCI, AHA, local cancer control coalitions, and other local partners.
- Display recruitment and educational information in waiting areas and examination rooms.
- Provide materials on screening services to all eligible women attending clinics in the facility.
- Coordinate recruitment activities with the DHSS staff and RPC in your area.
- Schedule women for annual screenings at a minimum of 10 month interval following initial or annual screening.
- Recruit WISEWOMAN clients from SMHW clients.

3. Attend Training:

Attend SMHW/WISEWOMAN provider staff training.

- New providers of SMHW/WISEWOMAN services must participate in an on-site training session by DHSS staff prior to providing services.
- Ensure staff is well-trained in program protocols prior to delivering services. Require at least one staff member to participate in an orientation training delivered by DHSS program staff upon initial contract application.
- Facilitate attendance/participation of staff members responsible for submission of data forms and clinical services at annual trainings that provide policy and procedure updates and review.
- Reguest training sessions by DHSS when new staff are hired.

4. Register Clients:

Register clients for services.

- Obtain clients' signatures on the SMHW-WISEWOMAN Client Eligibility Agreement Form.
- Annually provide clients with the current DHSS patient privacy rights statement in accordance
 with Health Insurance Portability and Accountability Act (HIPAA) regulations prior to receiving
 services annually. The client must receive this information along with the HIPAA statement
 from the provider facility. The provider must retain documentation of this action.
- Ensure clients complete the history and assessment forms required by each program.

5. Comply with HIPAA Regulations:

Comply with current HIPAA regulations in delivering services.

6. Utilize Medical Staff:

Providers shall be licensed or certified to provide services within the State of Missouri.

 Utilize medical doctors, doctors of osteopathy, nurse practitioners, certified nurse midwives, clinical nurse specialists, certified physician assistants, and RNs with specialized training within the registered nurse's scope of practice to provide services.

Obtain Permission for RN to Provide Services:

Obtain written approval from DHSS for the RN to provide breast and cervical screening services for SMHW clients. Submit the following information in a written request to SMHW:

- A letter documenting previous practice;
- A licensure or certification numbers;
- Documentation of any breast and/or cervical cancer screening training as follows:
 - ✓ Length of the preceptorship;
 - ✓ Number of Pap tests, CBEs, and pelvic examinations completed during the preceptorship. A minimum of 10 Pap tests, CBEs, and pelvic examinations must be performed in order for the RN to be eligible to provide screening services;
 - ✓ The preceptor must verify that the nurse completed these examinations with minimal or no difficulty.

7. Laboratories:

Utilize only laboratories that adhere to all applicable standards established under the Clinical Laboratory Improvement Amendments of 1988 or are CLIA waived. Laboratories must report Pap test findings using the Bethesda System 2001.

8. **MQSA**:

Comply with MQSA. Prior authorization by SMHW and DHSS is required for MQSA-accredited mobile mammography vans based out-of-state.

9. Report Results-Mammography:

Report mammography results using the American College of Radiology BIRADS.

10. On-Site Quality Assurance Reviews:

Agree to on-site quality assurance record reviews by qualified DHSS staff six months after initial services are started and every two years thereafter, or more frequently if requested by the DHSS.

11. Notify Clients:

Notify clients of non-program-covered services. Notify the client in writing of any services that are not paid for by the programs **prior to** providing any non-program-covered services.

12. Billing Clients:

Ensure clients are not billed for any services covered by the SHMW or WISEWOMAN programs.

13. Electronic Data and Reports:

Enter all data and reports electronically with accompanying CPT codes into the SMHW central data management computer-tracking program, MOHSAIC.

14. Reporting Form:

Submit data on a reporting form within 60 days of the last date of service. An exception should be noted for end-of-grant-year services. Providers will be notified annually of the end-of-year billing deadline.

15. Electronic Reimbursement:

Agree to receive SMHW/WISEWOMAN reimbursements through EFT. SMHW/WISEWOMAN reimbursement rates and CPT codes can be viewed in Section 10, Billing and Reporting Guidelines.

16. Recording and Maintaining Documentation:

Complete and maintain documentation on all client eligibility, screening and case management services outlined in this manual. Maintain client records for at least seven years. All SMHW enrolled clients with an abnormal screening result must be assessed for their need of case management services and provided with such services accordingly. Examples of screening results which would require a case management assessment would be BIRADS 3, 4, 5 for mammograms; and ASC-US, LSIL and high grade lesions for Pap tests. Case management services conclude when a client initiates treatment, refuses treatment, or is no longer eligible for the SMHW program. When a woman concludes her cancer treatment and is released by her treating physician to return to a schedule of routine screening, she may return to the program and receive services if she meets eligibility requirements.

17. Assure Follow-up:

Assure all clients identified on screenings to have suspicious, abnormal, or alert test results receive appropriate follow-up services, including case management, rescreen, diagnostic evaluation, treatment referral and/or education services according to program protocols. These services may be provided directly by the contracted provider or by an established referral subcontractor which meets SMHW/WISEWOMAN program requirements.

18. Communicating with Sub-Contractors:

Ensure that communications with sub-contractors include notification and approval from the SMHW/WISEWOMAN provider prior to the subcontractor's provision of additional tests. This communication is necessary to be sure the subcontractor's services and reimbursements will meet SMHW/WISEWOMAN program guidelines. Providers are also responsible for ensuring that clients understand why they are being referred and what services will be provided. Written agreements with sub-contractors and each SMHW/WISEWOMAN provider are recommended.

19. Subcontractor Requirements:

Ensure subcontractors meet the requirements specified in these guidelines (i.e., MQSA, CLIA, etc.). Subcontracted services may include:

- Pap test processing and interpretation
- Mammography
- Specialist consultation
- Breast ultrasound
- FNA
- Core needle biopsy
- Stereotactic biopsy
- Surgical incisional and excisional biopsy
- Colposcopy with or without biopsy
- ECC
- Endometrial with AGC

- Cervical conization
- LEEP
- Cold knife conization (covered as diagnostic, not treatment)
- Endocervical curettage (alone)
- WISEWOMAN diagnostic office visits
- WISEWOMAN lifestyle education
- WISEWOMAN laboratory tests

20. Refer Tobacco Users:

Ensure that SMHW and WISEWOMAN clients who use tobacco products are referred to the Missouri Quitline 1-800-QUIT-NOW (1.800.784.8669) for free counseling. The Missouri Quitline is available free of charge to all Missouri SMHW and WISEWOMAN participants. Be sure to have the client complete a fax referral form and fax the form to the Quitline.

21. Submit Personnel Information:

Submit written changes of clinical, administrative or contact personnel to DHSS within 30 days.

22. Collaborate:

Collaborate with the Missouri DSS, FSD regarding clients diagnosed with breast/cervical cancer. These clients may be eligible for treatment through the BCCT Act.

Providers who terminate participation:

1. Submit Letter:

Submit a letter to DHSS 30 days before the date of anticipated termination of services. The letter must include the date of termination of SMHW/WISEWOMAN services.

2. Continue to Report:

Continue to report all diagnostic and/or treatment information after termination on the appropriate SMHW/WISEWOMAN forms to complete all outstanding follow-up cases. To accomplish this, a provider should work closely with the Regional Program Coordinator (RPC) in their area.

3. Work with RPC:

Work with the RPC to inform clients where they may obtain SMHW/WISEWOMAN services in their area once the provider terminates participation.

Provider Application Approval Criteria

Providers are approved or disapproved at the discretion of DHSS based on the following criteria:

1. Commitment:

Commitment and ability to meet the contract requirements;

2. Accreditation:

Accreditation or certification status of the site and clinical staff;

3. Capacity:

Capacity to submit timely and accurate data and billing reports to DHSS via the MOHSAIC electronic reporting system;

4. Location:

Located in area of need in relation to other SMHW/WISEWOMAN providers and to the population to be served;

5. Commitment to Clients:

Commitment and ability to serve clients with special emphasis on priority-eligible populations, particularly women age 35-64 years of age or older and women who have rarely or never been screened;

6. **Experience:**

Successful experience in providing comprehensive breast and cervical cancer screening, education and referral services, either through existing on-site facilities or referral linkages. Access to CLIA-approved laboratory and/or MQSA accredited mammography facility;

7. Network:

Ability to network with the ACS and NCI, and other educational state and regional resources; and

8. Compliance:

Compliance with current HIPAA regulations.

9. **Application Denial:**

If an application is denied, a contact list identifying other SMHW/WISEWOMAN providers in the same geographic area will be provided. This information can be used to facilitate referrals for women in need of SMHW/WISEWOMAN services.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES CANCER AND CHRONIC DISEASE CONTROL

SHOW ME HEALTHY WOMEN (SMHW) **PROVIDER APPLICATION FY2013**

| SITE CODE | |
|-----------|--|
| COUNTY | |

| PROVIDER NAME | ADDF | RESS | | CITY | | | |
|---|---------|----------------|-------------------------------------|----------------|------------|-----------------|-----------------------------|
| STATE | | CODE | PUBLIC PHONE NUMBER APPOINTMENTS | FOR | FAX | < | |
| BILLING INFORMATION BREAST & CERVICAL | L CANO | ER | | | | | |
| MAILING ADDRESS (IF DIFFERENT) | | | CITY | | | STATE | ZIP |
| ADMINISTRATIVE CONTACT BREAST & CERT CONTACT NAME | VICAL (| CANCER | E-MAIL | | | PHONE | |
| | | | | | | | |
| CLINICAL CONTACT BREAST & CERVICAL C | ANCER | | LEAGU | | | BUONE | |
| NAME | | | E-MAIL | | | PHONE | |
| WISEWOMAN CONTACT (If applicable) | | | | | | | |
| NAME (IF DIFFERENT FROM SMHW CLINICAL | CONT | ACT) | E-MAIL | | | PHONE | |
| FERENAL TAY IR NO 1990 IA SECURITY AND | | | 0.4050 | LAGRICA | | 0.4555 | |
| FEDERAL TAX ID NO./SOCIAL SECURITY NO. | | MEDICAID PF | | MEDICA | KE PR | | |
| | | YES | □ NO | YES | | NO | |
| CYTOLOGY LAB (LAB THAT READS PAP TEST | Τ) | CITY | | | | STATE | ZIP CODE |
| MAMOGRAPHY FACILITY (USE ADDITIONAL SHEET NECESSARY) | IF | CITY | | | | STATE | ZIP CODE |
| SATELLITE SITES (USE ADDITIONAL SHEET IF NECES | SARY) | SATELLITE S | ITE CONTACT PERSON | | | SATELLITE | SITE PHONE |
| SATELLITE SITE ADDRESS | | CITY | | | | STATE | ZIP CODE |
| PROJECTED NUMBER YOUR CLINIC WOULD SERVE ANNUALLY IN THE SMHW PROGRAM | | | | | | | |
| NAME (CLINICAL EXAMINERS PERFORMING SCREENING SERVI | ICES) | TITLE | | | | | RE NO. AND/OR FICATE NO. |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| I have reviewed the SMHW Provider Billing guidelines and eligibility requirements and continuous and continuous areas and continuous and continuous areas are seen as a seen as | do here | by agree to co | omply. I understand this ap | plication will | be re | turned if it is | s illegible, |
| incomplete and/or not signed. I certify to the SIGNATURE | e best | of my knowled | tge and belief all information | | true TE | and accurat | e. |
| MO 580-2411 (4-11) | | | | | | | |

Show Me Healthy Women & WISEWOMAN Provider Manual

Client Eligibility

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| Cervical Cancer Screening Services | |
| WISEWOMAN Services | |
| DOCUMENTATION & CERTIFICATION | 3.7 |
| CLIENT TRANSPORTATION (free) | 3.8 |







Client Eligibility: Quick Reference Guide

Eligibility for SMHW free breast and cervical cancer screenings is based on income, health insurance status and age guidelines. Income guidelines are based on 200 percent of the federal poverty guidelines. SMHW reimburses only for services when there is no other funding source available. Women 35 to 64 years of age are eligible for services, but some services are restricted by age categories.

WISEWOMAN heart disease screening and education services are available to women who qualify for and receive services from SMHW. Call 1.573.522.2845 with questions.

0

Income Eligibility – Effective February 2012

Check the number of HOUSEHOLD members (#) and the INCOME listed below:

| # | Income | # | Income |
|---|--------------------------------------|---|--|
| 1 | \$22,340 a year -or- \$430.00 a week | 5 | \$54,020 a year -or- \$1,039.00 a week |
| 2 | \$30,260 a year -or- \$582.00 a week | 6 | \$61,940 a year -or- \$1,192.00 a week |
| 3 | \$38,180 a year -or- \$735.00 a week | 7 | \$69,860 a year -or- \$1,344.00 a week |
| 4 | \$46,100 a year -or- \$887.00 a week | 8 | \$77,780 a year -or- \$1,496.00 a week |

*Add \$7,920 a year for each additional household member numbering greater than 8

For documentation use annual adjusted gross income on tax return or net amount on pay stub.

2

Health Insurance Status++

- No health insurance
- Health insurance does not cover services
- Unable to pay deductible
- Have MO HealthNet with spend-down, but have not met spend-down
- ++ Women with full MO HealthNet, Medicare Part B, POS or HMO health coverage are not eligible for services.

3

Age of 35-64 with exceptions for Age 50-64 or Older (page 3.2)

BREAST AND CERVICAL SCREENING SERVICES

- CBE and pelvic examination annually
- Pap test according to the following schedule:
 - ✓ Pap tests every three (3) years if not done in conjunction with HPV.
 - ✓ Pat tests every five (5) years if co-testing with HPV.
- Guidelines for women who have had a hysterectomy:
 - ✓ If a hysterectomy was due to cervical cancer, she is eligible for a Pap test annually.
 - ✓ If a hysterectomy was not due to cancer, an annual pelvic exam is reimbursable. Notation of absence or presence of cervix should be included.
 - ✓ Pap tests are not covered if there is NO cervix and hysterectomy was due to benign reasons.
- Breast and cervical diagnostic services are available for abnormal results suspicious for cancer.

| Breast Diagnostic Services ¹ | Cervical Diagnostic Services 1, 2 |
|---|--|
| Diagnostic mammogram FNA Ultrasound Core needle biopsy Stereotactic breast biopsy Incisional and excisional biopsies Specialist consultation Women who have a personal history of breast cancer can have annual diagnostic mammograms. | Colposcopy (with or without biopsy) ECC Specialist consultation Endometrial biopsy when done with cervical biopsy Cervical conization: ✓ LEEP ✓ Cold knife ✓ ECC (alone) Women who have a personal history of cervical cancer can have annual Pap tests. Women who have had a personal history of biopsy documented Cervical intraepithelial neoplasia CIN 2, CIN 3 or CIS/AIS lesions can have annual pap tests for 10 years and if all are negative can move to routine screening. |

Age 50-64 or Older Exceptions

- Eligible for mammogram annually based on clinician's recommendation. Client and clinician may determine frequency to be every one to two years.
- For women who have a cervix, Pap and pelvic are offered at appropriate intervals but may be refused (refer to Breast & Cervical Screening Services page 4.4-4.5).

| WISEWOMAN Services Available | | | | | |
|---|---|--|--|--|--|
| Screening & Diagnostic Services | Lifestyle Education Intervention Services | | | | |
| Screening for heart disease and stroke risk factors combined with SMHW initial or annual screening (unless prior approval for separate WISEWOMAN screenings by DHSS WISEWOMAN staff) ✓ BMI (Height/weight) ✓ Blood Pressure ✓ Total Cholesterol and HDL ✓ Blood Glucose or A1C test Diagnostic office visit (limit one per year) with abnormal screening results | Lifestyle education to assist in reducing heart disease and stroke risk factors Key habits addressed include nutrition, physical activity and tobacco use One-on-one individual or group counseling | | | | |

Client Eligibility Guidelines

Providers shall maintain complete documentation on client's eligibility, screenings, referrals and follow-up services according to SMHW/WISEWOMAN guidelines. These records shall be made available to DHSS staff for project monitoring.

To qualify a woman for services, each provider must ensure that the following criteria are met:

1. Income Guidelines

- Clients must have an income at or below 200 percent of the federal poverty income guidelines (refer to page 3.1).
 Income eligibility is based on annual adjusted gross income on tax return or net amount on pay stub.
- Providers may use the Client Eligibility Agreement form
 to document insurance status of the client. For a copy of these forms refer to page 12.9
 (English version) and page 12.10 (Spanish version) or download a copy at:
 http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php.



MO HealthNet (Medicaid)

Women with MO HealthNet coverage may be eligible for SMHW/WISEWOMAN services if they
are enrolled in the Expanded MO HealthNet for Pregnant Women program or have an
unaffordable MO HealthNet spend-down. Those women would be eligible for diagnostic
services through SMHW/WISEWOMAN, as expanded MO HealthNet does not cover
diagnostic services. They must meet all SMHW/WISEWOMAN eligibility guidelines.

Medicare

- Women enrolled in Medicare Part B are not eligible for SMHW/WISEWOMAN services.
 Medicare Part B covers breast and cervical cancer screenings. Women with Medicare Part B coverage should be referred to providers who accept Medicare reimbursement.
- Women who meet SMHW/WISEWOMAN eligibility requirements and cannot pay the premium
 to enroll in Medicare Part B are eligible for SMHW/WISEWOMAN screening services. If
 women are eligible to receive Medicare Part B benefits but are not enrolled, they should be
 encouraged to enroll.



<u>Insurance</u>

- The client's insurance must be billed first; then include the insurance payment amount in the "Comments" section on reporting forms when billing DHSS. SMHW/WISEWOMAN will only reimburse up to the total allowed by the program per procedure.
- SMHW and WISEWOMAN are the payers of last resort.
- Women enrolled in prepaid/managed care and health plans (such as HMOs, POSs and MO HealthNet Managed Care, formerly MC+) are not eligible for SMHW/WISEWOMAN services.
- Women who meet the SMHW/WISEWOMAN guidelines but have private insurance or are enrolled in PPOs and are financially unable to pay the deductible or co-payment*, are eligible for SMHW/WISEWOMAN.
- *Provider must retain a copy of documentation of deductibles or co-payment requirements in the client's chart along with a copy of the client's insurance card.

3. Age Eligibility Includes 35 to 64 Year Old Women.

(Some exceptions pertain to guidelines for services available to clients age 50 to 64 or older.)

Breast Cancer Screening Services

Women 35-64 years of age or older are eligible to receive breast cancer screening services every year:

- Women 35 to 49 years of age are eligible for annual CBE. Clients who self-report qualifying symptoms or have abnormal CBE's are eligible for breast diagnostic and rescreen services.
- Women 50 to 64 years of age or older are eligible for annual CBE and mammogram screening services annually or every other year. This decision/determination is made by the clinician with the client to determine annual or every other year mammogram necessity on a case-by-case basis.

Cervical Cancer Screening Services

Women 35 to 64 years of age or older who have a cervix are eligible to receive regular cervical cancer screenings per the following guidelines:

- Women are eligible to receive an annual pelvic examination and a Pap test per SMHW guideline intervals.
- Eligible women will receive diagnostic services if their initial cervical cancer screening was abnormal. Pap test results referred into SMHW providers from non-participating providers may be ASCUS, HPV+, LSIL, HSIL, Squamous Cell Cancer, or AGC.

Women 35 to 64 years of age or older who have had a hysterectomy and do NOT have a cervix are eligible to receive annual pelvic exams. Pap test screenings are available per the following guidelines:

- Women who have had a "supracervical hysterectomy" and still have a cervix are eligible to receive Pap test screenings per SMHW guideline intervals.
- Women who have had a hysterectomy (not due to cervical cancer) can be reimbursed for an initial **pelvic** exam to determine if the woman has a cervix.
- **Pap** tests will **NOT** be reimbursed, even at an initial visit, if a cervix is <u>not</u> present and the reason for the hysterectomy/removal of the cervix was for benign reasons.
- Pap tests and pelvic exams can be reimbursed annually if a woman has a personal history of cervical cancer even though she does not have an intact cervix due to hysterectomy.
- Pap tests and pelvic exams can be reimbursed annually for ten (10) years for women who
 had a biopsy documented CIN 2, CIN 3 or CIS/AIS lesions or if reason for hysterectomy is
 unknown.

WISEWOMAN Services

- Women 35 to 64 years of age and older are eligible for WISEWOMAN services if they are a
 current client of SMHW. WISEWOMAN clients must have received at least one breast and
 cervical cancer screening service that was billed and approved for payment. This includes a
 screening office visit for CBE, a mammogram, pelvic exam, and/or Pap test per program
 guidelines.
- The WISEWOMAN screening must occur as part of the same office visit as the SMHW office visit unless prior approval for separate office visits is obtained from DHSS WISEWOMAN staff.
- WISEWOMAN clients must sign the joint Client Eligibility Agreement (refer to pages 12.11 [English] and 12.12 [Spanish]) to acknowledge willingness to participate in the assessments, screening and lifestyle education services.

Documentation and Certification of Client Eligibility

Annually, all clients must sign a Client Eligibility Agreement form that is retained in the client's record. (Download a copy of this form at

http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/forms.php or refer to page 12.11 [English version] and page 12.12 [Spanish version].)

Providers must obtain documentation of income, age eligibility and address, if available, on an annual basis and place a copy of the documentation in the client's record. (Electronic or paper medical records are acceptable.)

| The following may be used for proof of income and age: | | |
|---|---|--|
| Driver's license Medicare card Birth certificate Unemployment insurance Pay stub (use net amount) | Income tax forms (use annual adjusted gross income) Food stamps WIC voucher Social Security award letter | |

Once eligibility is determined, screening providers must verify eligibility on all reporting forms. To comply with the quality assurance policy, 80 percent of client records must contain proof of eligibility.

Provider must retain information in clients' charts regarding the Patient History form (green form, page 12.14 [English] and 12.15 [Spanish]), and review this information with each additional annual screening. Client records must be available for seven years.

Free Transportation for Clients

Free transportation is available for SMHW/WISEWOMAN clients through Southeast Missouri Transit Services (SMTS) or Older American's Transport System, Inc. (OATS). Providers should contact Show Me Healthy Women/WISEWOMAN staff or the Regional Program Coordinator (RPC) assigned to their area and request a travel voucher booklet (refer to section 13 for information on RPC names, map and county listings).

Clients who live in Missouri's Bootheel region may use SMTS between their homes and screening/diagnostic or WISEWOMAN education facilities; clients in the remainder of the state may use OATS.

All program services qualify for transportation services, including initial office visits, lab visits, follow-up diagnostic office visits, lifestyle education sessions, and annual evaluation screenings.



Call the SMHW/WISEWOMAN office at 1.573.522.2845, or the RPC assigned to your facility, to receive a book of 48 vouchers.

Show Me Healthy Women & WISEWOMAN Provider Manual

SMHW Screening Services

| SCREENING RECOMMENDATIONS | 4.1 |
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| Comprehensive Breast and Cervical Screening | |
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Show Me Healthy Women Screening Recommendations

Routine screening and early detection are vital to reducing morbidity and mortality from breast and cervical cancer. Regular screening and early detection decreases mortality and improves quality of life for all individuals. Regular clinical breast exams, mammography, pelvic exams and Pap tests are the best screening methods available for breast and cervical cancers and pre-cancerous conditions.

Initial Screening

The initial screening is:

- The <u>first</u> screening performed on a woman by a provider for SMHW.
- If a client has not been seen for five years for a SMHW screening by the same provider

NOTE:

Initial clients need to complete a SMHW Patient History form (green form, Section 12.14)

Annual Screening

The annual screening is:

 The process of returning for an annual screening test at a predetermined interval. SMHW defines an annual screening to be 10 months or greater from the initial screening or previous annual screening.

NOTE:

Annual clients need to review and update the green history form at each annual visit either by completing a new form or by reviewing and initialing updates and initialing the new form with the date of the current visit

Rescreening

Rescreening is:

 An additional screening visit resulting from an <u>abnormal</u> initial or <u>abnormal</u> annual screening that is less than 10 months from an initial or annual screen.

NOTE:

If a rescreening visit is delayed for 10 months or more from the date of the annual/initial visit, it must then meet breast/cervical criteria (listed below) for an annual screening to be reimbursed.

Clinical Requirements for Show Me Healthy Women Services

The screening services outlined in the following pages are clinical requirements and shall be completed by the provider of SMHW services in order to be considered for reimbursement. Age restrictions and income guidelines always apply. Providers must have the capability to provide or offer access to the following services:

Comprehensive Breast and Cervical Screening

- CBE annually for all women.
- Client education on the importance of obtaining screenings for breast and cervical cancer according to the appropriate screening schedules.
- Routine screening mammogram offered annually or every other year per clinician and client determination, beginning at age 50 and over. Special circumstances include (refer to Table 1, page 4.4):
 - ✓ If a woman has a personal history of breast cancer, a mammogram can be offered annually.
 - ✓ Any client, age 35 or older, who currently has abnormal breast exam results, can receive diagnostic mammograms and other necessary breast diagnostic services covered by the SMHW program.
- Complete visual and bimanual pelvic examination.
- Pap test, conventional or liquid based, at appropriate intervals (refer to Table 2, page 4.5).
- Documentation of providing screening examination results to clients per verbal report or in writing.
- Appropriate and timely case management for all clients with suspicious or abnormal results, including rescreening, diagnostic procedures and/or treatment.

Annual Screening Protocol

Age restrictions and income guidelines always apply to a client's eligibility for the services described below.

Breast Cancer Screening

SMHW will reimburse for an annual breast cancer screening after ten (10) months has
lapsed from the previous annual breast cancer screening. This includes annual CBE for all
SMHW women ages 35 to 64 and yearly or every other year screening mammogram for
women ages 50 and older.

- If a mammogram is completed in a mammography **van**, a CBE is not required for mammography reimbursement. In all other scenarios, a CBE is required for mammography reimbursement. When the mammogram is performed on a mammogram van, the blue screening form, "Section B5 Mammography provider facility" field should be completed to include the name of the facility providing the van and include the word "van" by the facility name. Example: Ellis Fischel van.
- A CBE should be performed annually on all women, especially if they have had previous breast cancer surgery.
- Clients ages 35 to 64 with a personal history of breast cancer should receive diagnostic mammograms annually.
- Family history of breast cancer does not qualify a woman for routine mammograms.
- A client with self-reporting abnormal BSE may be followed with a diagnostic breast work-up, with the exception of self-reporting pain and tenderness or family history. If pain and tenderness are self-reported, she may be followed with a rescreening CBE in two weeks up to 10 months. If the client continues to report pain and tenderness, case management is at the clinician's discretion.
 - ✓ (Diagnostic workup may include services such as: diagnostic mammogram, ultrasound, specialist consult and breast biopsy.)
- Mammogram funding for the purpose of screening women 40 to 49 years of age without abnormal breast findings through SMHW may be available. Funding is usually dependent on the amount of donated funds such as the license plate funding and other specially designated donations.

NOTE:

Prior approval is required by calling 1.573.522.2845 to reserve and schedule donated funding for the woman's screening mammogram.

- Susan G. Komen Funding for the Cure is available in the Central Missouri area for clients ages 35 to 49 for diagnostic services. SMHW providers in this regions may arrange for these mammograms to be scheduled.
- Women 35 years of age and older qualify for diagnostic breast services if breast exam findings are abnormal.



Table 1

| Annual B | reast Screening Recommendations for Women |
|-----------------|---|
| Age | Recommendation |
| Age 35 to 39 | Complete breast exam by health care provider annually |
| Age 40 to 49 | Complete breast exam by health care provider annually Screening mammogram every 1 to 2 years IF funding is available.* |
| Age 50 and over | Complete breast exam by health care provider annually. Mammogram every 1 to 2 years. |

The Missouri SMHW program follows guidelines of the CDC and NCI. Symptomatic women should be clinically evaluated and scheduled for appropriate diagnostic procedures as quickly as possible and in less than 60 days.

*Screening Mammograms for Women age 40 to 49 (dependent upon funding)

- For preauthorization, please call the DHSS at 1.573.522.2845.
- Screening mammograms for this age group are only funded when or if donations or other funding sources become available during the contract year.

Cervical Cancer Screening

- Pap test results of "inadequate specimen" are not reimbursable by SMHW.
- Pap test results initially indicating no endocervical cells may be repeated one time and reimbursed by SMHW.
- For women who have a cervix, Pap tests will be covered every three (3) years if no human papillomavirus (HPV) done. Or, screening with a combination of a Pap test and HPV testing every five (5) years. See Screening Report form (blue form, page 12.17).
- Hysterectomy:
 - ✓ SMHW will **NOT** fund Pap testing for women who had a hysterectomy for **benign** (non-cervical neoplasia) conditions. A woman who has no cervix due to a reason other than cancer may have a **pelvic** (but not a Pap) exam to establish that there is no cervix. Once it is determined that there is no cervix due to a reason other than Cervical Intraepithelial Neoplasia CIN 2, CIN 3, Carcinoma in situ (CIS)/Adenocarcinoma in situ (AIS) or cervical cancer; SMHW will not pay for future Pap tests.
 - A woman should be followed annually for 10 years (conventional or liquid base Pap tests can be annually reimbursed) if reason for hysterectomy is unknown or if it was for CIN 2, CIN 3, AIS or cervical cancer in situ, which was biopsy-documented. Women who had a hysterectomy for invasive cervical cancer should undergo an annual Pap test (conventional or liquid based) indefinitely as long as they are in good health.

Annual Pap test may be done only for persons who meet specific high risk guidelines for cervical cancer per CDC and/or SMHW Advisory Board approval.

Table 2

| Annual Cervical Ca | ancer Screening Recommendations for Women* |
|--------------------------------------|--|
| Age | Recommendation |
| Age 35 to 39 | Conventional Pap test every 3 years Liquid-based cytology every 3 years Pelvic exam may be done annually or with Pap testing schedule |
| Age 40 to 49 | Conventional Pap test every 3 years Liquid-based cytology every 3 years Pelvic exam may be done annually or with Pap testing schedule |
| Age 50 to 64 | Conventional Pap test every 3 years Liquid-based cytology every 3 years Pelvic exam may be offered annually or with Pap testing schedule |
| Age 35 to 64 | May follow the above recommendations <u>or</u> this age group can be screened with a combination of a Pap test and human papillomavirus (HPV) test every 5 years to lengthen the screening interval. |
| Age 35 and over AFTER HYSTERECTOMY | Routine screening by means of vaginal Pap smear is NOT covered by the SMHW program for women who have undergone a hysterectomy <u>unless</u> : (See Table 3, page 4.6.) • they have a remaining cervix, or • they had surgery for CIN 2, CIN 3; CIS/AIS or invasive cervical cancer. |
| | sing the 2001 Bethesda System Guidelines am follows guidelines of the CDC and ASCCP for screening ations. |

NOTE:

Intervals above are guidelines for asymptomatic women only. Symptomatic women should be clinically evaluated and scheduled for appropriate diagnostic procedures as quickly as possible, preferably within 60 days but within a maximum of 90 days.

Table 3

Cervical Cancer Risk Factors to Consider

Women who warrant annual Pap test (conventional or liquid based) must have a personal history of one of the following **HIGH RISK** factors (note that the risk factor must be noted in section C3 Pap test results that indicate reason annual pap is done. If the reason is HIV+, organ transplant, medication for severe arthritis or DES exposure in utero, this should be noted in the comment section at the bottom of the blue form):

- Hysterectomy for invasive cervical cancer. Screenings may continue indefinitely, as long as they are in good health
- CIN 2, CIN 3 or CIS/AIS lesions documented by tissue biopsy (not based on Pap results). After 10 years of annual Pap tests with negative results, routine Pap intervals are followed
- Hysterectomy with reason unknown and not obtainable. After 10 years of annual Pap test with negative results, routine Pap intervals are followed
- HIV+
- Kidney or other organ transplant
- Medication for severe arthritis or other collagen vascular disease
- Diethylstilbestrol exposure in utero

Risk factors which are NOT adequate to warrant annual Pap screening:

- Smoking
- Low income
- Numerous sexual partners (known or suspected)
- HSIL unless histologically diagnosed with a biopsy

Scheduling Clients/Reminder Systems

Responsibilities of SMHW Providers

- Schedule clients for annual breast and cervical cancer screenings as appropriate.
- Notify clients in advance of recommended screening dates. If no appointment is made after the first notification, a second attempt shall be made.
- Schedule clients for follow-up of abnormal findings.
 - ✓ Utilize a tracking system to ensure that clients show up for scheduled visits and receive the appropriate diagnostic or treatment services.
 - ✓ If clients do not keep follow-up appointments, attempts to reach the client for rescheduling the appointment by phone or by mail shall be implemented within 30 days.
 - ✓ If the client is no longer reachable or attempts to contact the client are not responded to, please inform the RPC within 30 days.



SMHW/WISEWOMAN Clinical Service Summary

| Initial and Annual Screening: | MHW Client: Provides verification of household income, date of birth. | WISEWOMAN Client: |
|---|---|---|
| SMHW 20-minute office visit WISEWOMAN Additional 10- minute office visit | Signs eligibility agreement form to participate in SMHW/WISEWOMAN services. Completes SMHW History (green) form (refer to page 12.14). | Completes WISEWOMAN (pink) Assessment form (refer to page 12.35). |
| 1. 2. 3. 4. 5. 6. 7. 9. | Verifies client eligibility and retains a copy of the documentation in the chart. Gives a copy of HIPAA form to client. Reviews client history form with client and updates or clarifies information on subsequent annual visits. Performs CBE on women age 35 to 64 or older. Refers clients 50 years and older whose CBE is normal or benign for screening mammogram at one to two year intervals. Performs pelvic exam on all women ages 35 to 49. Offers pelvic exam to women ages 50 to 64 or older. Performs Pap tests per SMHW/CDC protocols and intervals depending on age, previous screening cycle, presence of cervix, reason for hysterectomy and previous Pap result (refer to page 4.5, Table 2, for guidelines). Schedules follow-up as needed. Refer clients with abnormal breast and cervical results for diagnostic exams as needed. Submits SMHW History (green) and Screening (blue) forms. | Werifies questions or client history form is complete and edit with client if needed. Measures height, weight; charts or calculates BMI. Measures blood pressure using two measurements. Draws blood for lab work (refer to page 7.11). Total cholesterol + HDL cholesterol. Blood glucose (fasting or casual) or A1C Evaluates screening results (including lab results when available). Schedules client for follow-up, as needed for fasting lab work, diagnostic office visit and/or case management (alert values only). For alert screening results, completes documentation of scheduled or completed medical evaluation on Section E of the WISEWOMAN screening form. Submits WISEWOMAN History (pink) and Screening (pink) forms. |

(Continued on next page)

(Continued from previous page)

| Provider Service | SMHW Client Only | SMHW and WISEWOMAN Client |
|---|---|---|
| Risk Reduction Counseling: (Completed during screening office visit or during first LSI). | Refers clients who smoke to the Missouri Tobacco Quitline, 1.800.QUIT.NOW (1.800.784.8669). Provides Quitline card. Provides client with screening results verbally or in writing. Document in client record. | WISEWOMAN Provider: Completes WISEWOMAN Missouri Quitline fax referral form, if client agrees, and faxes form to the Quitline. Provides client with screening results both verbally and in writing and documents completion in client record. Explains identified risk factors and recommendations to reduce risk. Assesses client motivation to make healthy lifestyle changes and participate in LSI. Refers client to LSI either on-site or at referral clinic or agency. Refers client to available community resources to support healthy lifestyle habits. Notifies central office staff if client is moderate to high risk but will not participate in LSI. Fax or mail refusal form. |
| Diagnostic Office Visit: 20- or 30- minute office visit. *Specific time frames may apply. | SMHW Referrals/Diagnostics: Abnormal breast results must be followed within 60 days of result. Abnormal cervical results must be followed by diagnostic tests within 60 to 90 days. Refers women age 35 to 64 or older who have abnormal CBE, qualifying self-reporting symptoms or personal history of breast cancer for diagnostic mammogram and possibly other breast diagnostics. Schedules client for cervical follow-up rescreens or further cervical diagnostic services as needed. For alert/abnormal screening results, complete documentation of scheduled or completed medical evaluation and results on Section B and/or C of the Screening form (blue). Electronically submits diagnostic forms (yellow and purple). Contacts RPC for any client refusals or patterns of missed appointments. | WISEWOMAN Referrals/ Diagnostics: Alert screening values must be medically evaluated within 7 days or reason why not is documented. Refer abnormal values for medical evaluation. Refers clients with abnormal screening results that need evaluation for medical treatment according to clinical standards. Evaluates client's risk factors. Provide diagnosis and recommendations. Confirms new diagnoses of hypertension, high cholesterol and/or diabetes. Prescribes medication, if applicable, and refer to free or low-cost medication resources. Schedules or confirm scheduled LSI. Documents results and referrals on the screening form. Notifies the RPC for all alert values. |

Show Me Healthy Women & WISEWOMAN Provider Manual

SMHW Diagnostic Service and Treatment Coordination

| ABNORMAL BREAST AND CERVICAL CANCER SCREENING RESULTS | 5.1 |
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| Provider Assurance | |
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| SPECIALIST CONSULTATION GUIDELINES | 5.5 |
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| GUIDELINES: Cervical Diagnostic Services | 5.19 |
| ALERT VALUE FOLLOW-UP | 5.35 |







Abnormal Breast or Cervical Cancer Screening Results

A mandatory component as a provider of the SMHW program is the responsibility for providing clinical case management of abnormal findings as well as reporting the abnormal findings and the outcomes to the SMHW program on a timely basis.

Frequency and type of clinical case management of abnormal findings shall be determined by the clinician based on current standards of practice and on the established SMHW breast cancer screening protocols and cervical cancer screening protocols (refer to Section 4).

Providers must ensure the following:

Suspicious or Abnormal Breast Results

Clients with suspicious or abnormal breast results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment, and clinicians will report data to SMHW.

CDC 60 days or less from a suspicious for cancer screening result to diagnosis.

Standard 60 days or less from diagnosis of cancer to start of treatment.

Breast Exception:

An exception in counting the number of days has been made for women referred into the program for diagnostic evaluation after an abnormal breast test result is received from a provider <u>outside</u> of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial abnormal breast test.

Suspicious or Abnormal Cervical Results

Clients with suspicious or abnormal cervical results will receive the necessary case management as determined by the clinician based on current standards of practice for rescreening, diagnosis and/or appropriate treatment, and clinicians will report data to SMHW.

CDC 60 days or less from a suspicious for cancer screening result to diagnosis.Standard 90 days or less from diagnosis of CIN 2 or CIN 3/CIS to start of treatment.

Pap Test Exceptions:

- An exception is allowed to extend the diagnostic follow-up interval to 90 days for women with an abnormal Pap test result of ASC-H or worse, including 'presumed abnormal.'
- An exception in counting the number of days has also been made for women referred into the program for diagnostic evaluation after an abnormal Pap test result is received from a provider <u>outside</u> of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial Pap test.

Determination of Screening Results

Suspicious screening results will be determined as normal or abnormal through short-term rescreen or diagnostic procedures.

- The client must be notified of abnormal findings and the need for any additional diagnostic service(s) should be explained.
- SMHW requires two documented attempts for client follow-up, if needed.
 - ✓ Direct telephone communication has been shown to be the most effective contact.
 - ✓ If unable to reach client by phone, a letter should be sent indicating there is need for additional diagnostic testing or treatment. For legal purposes, providers are encouraged to use a certified letter.
 - ✓ If no response is received after the second attempt or the client refuses further diagnostics and/or treatments, notify your RPC.

Pending Abnormal Screening Results

If abnormal screening results are pending for ten (10) months or longer, client eligibility must be checked and a new annual screening test must be performed prior to the initiation of further diagnostic studies. SMHW will only reimburse for additional diagnostic services if the client continues to meet SMHW eligibility guidelines.

- For clients referred to direct billing diagnostic providers (refer to page 10.4), continue to track that the client receives/attends the scheduled appointments.
- For a client diagnosed with cancer, SMHW providers must provide the following information to SMHW:
 - Date treatment started.
 - ✓ Type of treatment initiated, and
 - Name of the facility where treatment occurred.

NOTE:

For any questions, contact the RPC in your area (refer to page 13.2).

Protocol for Rescreen

In the instances where a rescreen is to be performed, these guidelines should be followed:

CBE

A CBE may be repeated as a rescreen 14 days up to ten (10) months later when a CBE was
initially termed suspicious for cancer and <u>after</u> appropriate diagnostic tests are performed and
confirmed that cancer is not diagnosed.

Mammogram

- SMHW will pay for up to four consecutive probable benign mammograms within a two
 year period. The standard recommendation for a probable benign mammogram is to do four
 consecutive six-month follow-ups (a complete cycle of two years). However, if at any point
 during this follow-up cycle, the result is downgraded to a benign finding (Category II)
 additional follow-up is not required. If the result is upgraded to a higher category, additional
 diagnostic testing must be performed.
- A mammogram may be repeated once within ten months if the previous mammogram reported to SMHW was a "Category 0, Assessment incomplete." If "Category 0, Assessment incomplete" is the result reported on a mammogram, either film comparison, additional mammography, or ultrasound images are needed within 60 days. If possible, providers should not enter this result until the final result is available. However, providers who have reported "Category 0, Assessment incomplete" on the client's Screening Report (blue form, page 12.17) are expected to complete the film comparison or take additional images within 60 days. The film comparison result should be reported on the breast diagnostics form (purple form, page 12.20) if the blue form has already been submitted. Additional imaging would also be reported on the purple form. See protocol for assessment incomplete on page 5.16.

Reporting Directions:

If a client receives breast diagnostic procedures that recommend a rescreen mammogram or rescreen ultrasound (typically in six months), the current Breast Diagnostic and Treatment form (purple form, page 12.20) should be entered as "Work-up complete." When the rescreen mammogram is submitted it shall be on a Screening Report form (blue form, page 12.17) entered as "Rescreen."

Ultrasound

Ultrasound may be used as a rescreening tool when a mammogram is not appropriate.
 Rescreen must be less than ten months from original abnormal ultrasound screening.

Limitation:

SMHW will not reimburse for more than two consecutive ultrasound tests with the result of "probably benign" without further diagnostic testing planned within 60 days (something other than ultrasound such as a specialist consult, diagnostic mammogram, or biopsy).

Reporting Directions:

If a client receives breast diagnostic procedures that recommend a follow-up/rescreen mammogram or ultrasound in six months, the current Breast Diagnostic and Treatment form (purple form, page 12.20) should be entered as "Work-up complete." The rescreen ultrasound shall be submitted on a purple form with "Rescreen ultrasound" box checked.

Pelvic Examination

 A pelvic exam may be repeated as a rescreen in less than ten months if the previous abnormal pelvic exam reported to SMHW was not within normal limits due to an abnormal <u>cervical</u> finding.

Pap Test

To be considered for reimbursement, a rescreen Pap test must be completed at six months or
greater than the previous Pap test. If no endocervical cells are present, the Pap test may be
repeated (one time only) in less than six months and submitted for reimbursement. SMHW
will only pay for the two consecutive Pap tests with no endocervical cells without further
diagnostic testing.

Reporting Directions:

A rescreen Pap test should be reported on a Screening Report form (blue form, page 12.17) with the category "Rescreen" marked in the "Visit type" box.

- See Clinical Guidelines Tables (refer to pages 5.19 to 5.34).
- If rescreen results are suspicious for cancer, proceed with diagnostic procedures as indicated.

Specialist Consultation Guidelines

A SMHW client may be referred for a specialist consultation following abnormal screening and diagnostic test results.

Clients requiring a specialist consultation must be referred to a surgeon, OB/GYN specializing in breast and/or cervical health, or a physician or nurse practitioner who works for a cancer diagnostic or treatment center.



Limitation:

Reimbursement for breast and/or cervical specialist consultation following abnormal results is limited to **one breast** and **one cervical** referral per client in a contract year.

Specialist Consultation Reminder

 A copy of the consult must be retained in the client's chart but does not need to be submitted to SMHW.

Not Considered a Specialist Consultation

- Referral to the same screening examiner is not considered a specialist consultation.
- Referral for the standard/routine follow-up, such as a colposcopy by a nurse practitioner for a LSIL, is not eligible for a specialist consultation. (The appropriate follow-up is known; therefore, referral for a specialist consultation to determine the management of the problem is not required).

Limitation:

If the provider requests reimbursement for a specialist consult on the same day as the colposcopy, information must be included in the comments as to why the specialist consult is being billed (i.e., a "wash" was done to verify pap test results prior to proceeding to colposcopy). If a rationale is not included, and no additional procedure was done, SMHW will not reimburse for the specialist consult.

Diagnostic Services Available

ATTENTION:

Breast diagnostic services are to be completed within 60 days of an abnormal screening.

Cervical diagnostic services are to be completed within 60 days unless an exception.

Breast Exception

• An exception in counting the number of days has been made for women referred into the program for diagnostic evaluation after an abnormal breast test result is received from a provider outside of the SMHW program. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial abnormal breast test.

Pap Test Exceptions

- An exception is allowed to extend the diagnostic follow-up interval to 90 days for women with an abnormal Pap test result of ASC-H or worse, including "Presumed abnormal."
- An exception in counting the number of days has been made for women referred into the program for diagnostic evaluation after an abnormal Pap test result is received from a non-SMHW provider. In this instance, the interval shall begin on the referral date for diagnostic testing rather than the date of the initial Pap test.



| DIAGNOSTIC SERV | ICES LIMITATIONS |
|---|---|
| Breast Cancer | Cervical Cancer |
| Diagnostic mammogram (Digital or Conventional) Breast ultrasound FNA without pathology FNA, clinical procedure plus pathology FNA, deep tissue under guidance plus pathology Core needle biopsy Stereotactic biopsy Incisional biopsy Excisional biopsy Specialist consultation Facility fees General anesthesia | Colposcopy with cervical biopsy Colposcopy with ECC Endometrial biopsy (NOTE: Colposcopy with endometrial biopsy can be reimbursed only if cervical and/or endocervical biopsies are performed during the colposcopy.) Conization may be done by: Cold knife (refer client to BCCT/MO HealthNet if done as treatment) LEEP will only be reimbursed by SMHW if being performed for continued diagnostic work-up (refer client to BCCT/MO HealthNet/ Medicaid if done as treatment) ECC done alone Specialist consultation |

Payment: Services are paid at an outpatient rate only. Services will be reimbursed by the program as indicated on pages 10.6 through 10.12.

Protocols: The frequency and type of these services will be left to the discretion of the clinician based on current standards of practice and on the protocols included on pages 5.1 through 5.8.

Guidelines for Breast Diagnostic Services

CBE Suspicious for Cancer

 Women age 35 and older, with a clinically suspicious lesion, should be completely evaluated and appropriately referred.

Nonpalpable Mammography Abnormality

- Mammography results reported by a radiologist with reference to ACR categories "Suspicious abnormality" (Category 4) or "Highly suggestive of malignancy" (Category 5) should be referred to a surgeon.
- "Assessment incomplete" (Category 0) should be followed by additional views, comparison of films and/or ultrasound within 60 days. If comparison of previous films is needed, only the final result of the comparison study should be reported. Providers who have already submitted reporting forms with the "Assessment incomplete" (Category 0) should enter results on the Breast Diagnosis and Treatment form in the film comparison section.

Ultrasound

- May be recommended when the CBE is suspicious for cancer and mammogram is not appropriate.
- Abnormal ultrasound requires additional diagnostic imaging.
- Women whose results are Category 4 or Category 5 should be referred to the BCCT program whether or not a biopsy has been done. This ultrasound should be paid by SMHW.

Breast Biopsies: Fine Needle Aspiration, Core Needle, Stereotactic, Incisional or Excisional

 The BSE, CBE and/or imaging mammogram/ultrasound must be suspicious for cancer and must be submitted to SMHW before the program will reimburse for breast biopsies.

| Guidelir | Guidelines for the Management of Women's Breast Self Exam (BSE) Reported Symptoms MOHSAIC Reporting Form: (Blue) Screening Form Sections B 1 and B 2 |
|---|---|
| (1) Self-reported Lump | |
| | Option 2) Clinician to perform CBE and it is their discretion to follow in $14 \text{days} - 10 \text{months}$ with a rescreen CBE |
| (2) Nipple Discharge (Especially unilateral spontaneous clear or | Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with: - Diagnostic mammogram, - Ultrasound, - Specialist consult, or - Breast biopsy |
| bloody drainage) | Option 2) Clinician to perform CBE and it is their discretion to follow in $14 \mathrm{days} - 10 \mathrm{months}$ with a rescreen CBE |
| (3) Skin Changes (dimpling, retraction, new nipple inversion, ulceration or Paget's | Option 1) Clinician to perform CBE and it is their discretion to follow in less than 60 days with: - Diagnostic mammogram, - Ultrasound, - Specialist consult, or - Breast biopsy |
| disease) | Option 2) Clinician to perform CBE and it is their discretion to follow in $14 \mathrm{days} - 10 \mathrm{months}$ with a rescreen CBE |
| (4) Pain/Tenderness | If pain and tenderness are reported, client may be followed with a rescreen CBE in 14 days to 10 months. If client continues to report pain and tenderness with subsequent rescreen, case management of a possible breast cancer concern is at the clinician's discretion for additional follow up. Please consult the RPC for your area for clarification. If pain and tenderness continue and it is the clinician's determination that diagnostic follow up is necessary for a breast cancer concern, insert statement in comment section at bottom of screening form that additional diagnostics are being done following a second rescreen. |
| (5) Other | Example: Personal history of treated breast cancer. In this case, client may receive a diagnostic mammogram annually Example: Known BRCA carrier. At this time, screening guidelines are not altered due to genetic predisposition for breast cancer. |
| (6) Family History | At this time, screening guidelines are not altered due to family history of breast cancer |

| Gu *Ind: (Ductograms | Guidelines for the Management of Women's Complete Breast Exam (CBE) Results *Indicates suspicious for cancer and requires additional follow —up in less than 60 days from the date of the abnormal CBE result. ams and MRI's are not reimbursed by the SMHW program) MOHSAIC Reporting Form: (Blue) Screening Form Sections B.3 | Guidelines for the Management of Women's Complete Breast Exam (CBE) Results *Indicates suspicious for cancer and requires additional follow -up in less than 60 days from the date of the abnormal CBE result. (Ductograms and MRI's are not reimbursed by the SMHW program) MOHSAIC Reporting Form: (Blue) Screening Form Sections B 3 and B 4 |
|---|--|--|
| (1) Benign Finding | fibrocystic changes, diffuse lumpiness that is not clinically suspicious, clearly defined symmetrical thickening, tenderness or nodularity palpated in the same location in both breasts Examples include: fibroadenomas, multiple secretory calcifications, oil cysts, lipomas, galactoceles, mixed density hamartomas, intramammary lymph nodes, vascular calcifications, implants, and architectural distortion related to previous surgery | CBE may be repeated in 14 days to 10 months. (NOT eligible for SMHW reimbursed diagnostics with these results) |
| (2) *Discrete Palpable Mass | includes masses that may be diffuse, poorly defined thickening, asymmetric thickening/nodularity, cystic or solid | Diagnostic mammogram +/- Ultrasound, Breast Consult and additional follow up per surgeon recommendation. |
| (3) Nipple Discharge | whether or not there is a palpable mass especially spontaneous unilateral, clear, serous, sanguineous or serosanguineous | Diagnostic mammogram +/- Ultrasound, Breast Consult and additional follow up per surgeon recommendation. Ductogram and MRI not reimbursed by SMHW program. |
| (4) Nipple Excoriation, Areolar Scaliness, or Erythema | (clinically suspicious of Paget's Disease) | Diagnostic mammogram +/- Ultrasound, Breast Consult and additional tissue biopsy follow up per surgeon recommendation. Skin biopsy and MRI not reimbursed by SMHW program. If tissue biopsy is done and results are benign, reassess clinical/pathology correlation and consider repeat biopsy. |
| (5) Skin Changes | dimpling; retraction; new nipple inversion/peau d'orange; ulceration; one breast lower than usual; prominent veins, unilateral; unusual increase in size, unilateral lymph nodes; also swelling of upper arm. (clinically suspicious of Inflammatory Breast Cancer) | Diagnostic mammogram +/- Ultrasound, Breast Consult and additional tissue biopsy follow up per surgeon recommendation. Skin biopsy and MRI is not reimbursed by SMHW program. If tissue biopsy is done and results are benign, reassess clinical/pathology correlation and consider repeat biopsy. |
| (6) Abnormal clavicular, or axillary lymph nodes, or swelling of upper arm. | Enlarged, tender, fixed or hard palpable supraclavicular, infraclavicular or axillary lymph nodes, also swelling of upper arm. | Diagnostic mammogram +/- Ultrasound, Breast Consult and additional tissue biopsy follow up per surgeon recommendation. If tissue biopsy is done and results are benign, reassess clinical/pathology correlation and consider repeat biopsy) |

Guidelines for the Management of Women Who Have a "Suspicious for Cancer" CBE And First Follow-up Test is a Mammogram

* (All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE)

page I of 2

*If the first test following an abnormal CBE is a mammogram, no matter what the mammogram result is (Category 0-5), an additional, <u>different</u> type of diagnostic test should be completed within 60 days of the abnormal CBE result.

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a manmogram is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be Diagnostic rather than screening mammograms should be used if a mammogram is the test of choice following an abnormal CBE documented in the comment section at the bottom of the screening (blue) form.

Mammogram Result Category 0

Assessment Incomplete

Additional Diagnostic Mammogram Views progress using program guidelines for breast follow If additional mammogram views do not clinically clarify result to a specific category 1-5, should perform ultrasound or refer to specialist and (Enter Results on a Blue Screening Form) up as clinically indicated. If comparison does not clinically clarify mammogram ultrasound or refer to specialist and progress using program guidelines for breast follow up as clinically

result to a specific category 1-5, should perform

(Enter Results on a Blue Screening Form)

Compare to Previous Films

If Ultrasound result does not clinically correlate to the CBE result, should refer to specialist and progress to

(Enter Results on a Purple Diagnostic Form)

Ultrasound

other SMHW covered diagnostic tests and progress

using program guidelines for breast follow up as

clinically indicated.

(Note: Updates of the additional mammogram views should be submitted on a purple breast diagnostic MOHSAIC form)

reporting form submission until comparison results

can be entered on the initial form)

(Note: It is preferable to hold blue MOHASAIC

indicated.

(Note: Ultrasound result should be submitted on a purple breast diagnostic MOHSAIC form)

Once Mammogram Result is Clarified From Category 0 to a Specific Category 1-5,

Refer to Next Page for Follow-up Guidelines: "All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE)

would go for treatment if she is found to have breast cancer and refer for the diagnostic mammogram as appropriate. If the potential treating SMHW staff note that at times, the original screening provider performs a diagnostic mammogram and when the client is referred to another provider is located a significant distance away and it would create a hardship for the client to travel for the initial diagnostics please take that conserve funding, service and appointment efforts. If the original provider is highly suspicious of cancer, please consider where the woman direct biller for further diagnostics, the direct biller is repeating a mammogram. Please avoid this duplication of services when possible, to situation into consideration.

Follow-up Guidelines for Mammogram results Categories 1-5 can be found on page 2)

(Continued) Guidelines for the Management of Women Who Have a "Suspicious for Cancer" CBE And First Follow-up Test is a Mammogram

* (All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE.)

age 2 of 2

*If the first test following an abnormal CBE is a mammogram, no matter what the mammogram result is (Category 0-5). an **additional, different type of diagnostic test should be completed** within 60 days of the abnormal CBE result.

The typical standard of care following an abnormal (suspicious for cancer) CBE when the first diagnostic test performed is a mammogram is to complete another type of diagnostic test such as specialist consult, ultrasound, FNA, or tissue biopsy. If this protocol is not followed, justification of why a second test is not needed must be documented in the comment <u>Diagnostic</u> rather than screening mammograms should be used if a mammogram is the test of choice following an abnormal CBE. section at the bottom of the screening (blue) form.

| Mammogram Result is Category 1 or 2 Negative or Benign | Mammogram Result is Category 3 Probably Benign Examples include non-calcified mass, focal asymmetry and cluster of round calcifications. | Mammogram Result is Category 4 or 5 Suspicious Abnormality or Highly Suggestive of Malignancy |
|--|---|---|
| Should Perform Another type of Breast Diagnostic | Should Perform Another type of Breast | Perform Ultrasound (if clinically appropriate) to |
| Testing (as clinically indicated) such as: | Diagnostic Testing (as clinically indicated) such as: | qualify client for BCCT OR |
| Ultrasound | Ultrasound | If Ultrasound is not clinically appropriate or US result |
| Surg. Consult | Surgical Consult | is Category 1-3, Breast Consult AND FNA or Tissue |
| • FNA | • FNA | Biopsy can be performed as clinically indicated. |
| Tissue Biopsy | Tissue Biopsy | (Note: It is preferable to qualify client for BCCT services |
| (Note: If not clinically indicated to perform another | (Note: If not clinically indicated to perform | by obtaining abnormal Ultrasound results of 4 or 5 rather |
| test, give justification in comments section of the | another test, give justification in comments | than SMHW reimbursement for a biopsy – but if |
| form) | section of the form) | necessary, biopsy is payable by SMHW) |

Perform Follow-up per Guidelines as Listed Below: */All diagnostic follow up should be completed in less than 60 days from the date of the abnormal CBE)

- submitting BCCT TEMPORARY MO HEALTHNET AUTHORIZATION letter. (See Manual page 6.6). Then, continue to follow up with client's MO HealthNet diagnostic If breast Ultrasound (US) result is Category 4 (Suspicious Abnormality) or Category 5 (Highly suggestive of Malignancy) Refer SMHW enrolled client to BCCT by service provider and submit a full BCCT MO HealthNet Application form if client's diagnostic follow-up has a tissue biopsy result positive for cancer that will require additional follow-up and treatment. (Please note: MO HealthNet requires prior authorization for many procedures including US)
 - If US result is Negative, Benign or Probably Benign; or is not performed because it was not clinically indicated; and breast cancer is diagnosed by biopsy/tissue sample through the SMHW program, refer client to full BCCT by submitting BCCT MO HealthNet Application forms. (See Section 6 pages 6.6 and 6.7). (Please note: MO HealthNet requires prior authorization for many procedures including US)
- If breast cancer is NOT diagnosed, client's diagnostic work up is considered complete. Schedule client to return to annual SMHW screenings, or schedule rescreen treatment started within approximately 90 days of diagnosis to the regional program coordinator to be entered into the MOHSAIC system. (Please note: MO HealthNet requires prior authorization for many procedures including ultrasound)

If breast cancer is diagnosed, initial treatment is expected to start within 30 days of diagnosis. SMHW provider must submit date and type of initial breast cancer

Please Note: If clinician recommends other clinical protocol to be considered, please contact the SMHW RPC or the central office SMHW staff @ 573.522.2845. The above are considered to be typical guidelines and not definitive practice standards appropriate for every situation. These guidelines address protocols that are of abnormal test/s performed within 10 months.

| | Category 1 (Negative) or | Diagnostic Referral based on CBE result. | |
|----------------------------------|--|---|---|
| Pullbrasoull | (Benign) Category 3 | Clinician's discretion to proceed with additional diagnostic tests. If there are two consecutive "probably benign" results, client must have some other type of further diagnostic | st have some other type of further diagnostic |
| | Category 4 (Suspicious Abnormality)or Category 5 (Highly Suggestive of Malianancy) | Qualifies for BCCT (temporary eligibility) (SMHW should pay for the US) Then the specialist consult and tissue biopsy can be performed through the BCCT program. Refer to Section 6 and complete and submit letter page 6.6. | If tissue biopsy is positive for breast cancer, client qualifies for the BCCT MO HealthNet application for treatment eligibility. See Section 6. Complete and submit forms pages 6.6 and 6.7. |
| | Category 0 (Assessment Incomplete) | Compare to previous films, complete Additional mammogram views, or perform Ultrasound | ws, or perform Ultrasound |
| | Category 1 (Negative) or Category 2 (Benign) | Work up may be complete if another test result is not suspicious for cancer | or cancer |
| (Mammogram is NOT the first test | Category 3 (Probably Benign) | Clinician's discretion to proceed to Ultrasound, Surgical Consult, FNA, or Biopsy within 60 days or Designate work up complete & may rescreen @ 6 month intervals for the next 6 - 24months If there are two consecutive "probably benign" results, client must have some other type of further diagnostic testing done such as surgical consult, FNA, or biopsy within 60 days of abnormal CBE result | iNA, or Biopsy within 60 days or for the next 6 - 24months thave some other type of further diagnostic sof abnormal CBE result |
| following an abnormal CBE) | Category 4 (Suspicious Abnormality) or Category 5 (Highly Suggestive of Malignancy) | Must proceed to Ultrasound, Surgical consult, FNA, or Biopsy If Ultrasound result is a Category 4 or 5, complete and submit forms on pages 6.6 and 6.7 before proceeding with further diagnostics. With these ultrasound results, clients will be eligible to receive any further diagnostic and treatment services through the MO HealthNet program as well as health care for other medical issues that may occur. MO HealthNet requires prior authorization for many procedures, including ultrasound | ns on pages 6.6 and 6.7 before proceeding weligible to receive any further diagnostic and health care for other medical issues that madures, including ultrasound |
| * If clinician definitiv | clinician has other clinical protocol to l definitive practice standards for every See p | * If clinician has other clinical protocol to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services. | considered to be typical guidelines and not e reimbursable by the SMHW program. vices. |

| | Category 1 (Negative) | Category 1 (Negative) |
|-------------------------|---|---|
| | or Category 2 (Benign) | Work up may be complete if another test result is not suspicious for cancer |
| Specialist | Category 3 (Probably Benign) | Clinician's discretion to complete additional workup if another test result is not suspicious for cancer OR may designate work up complete and may perform rescreen CBE within the next 6 - 10 months |
| Consult | Category 4 (Suspicious Abnormality) or Category 5 (Highly Suggestive of Malignancy) | Typically determination is made to perform a FNA or Biopsy within 60 days of abnormal CBE result |
| | Negative | When clearly benign or negative work-up may be complete |
| | Indeterminate | Typically is followed by a surgical biopsy – or FNA may be repeated within 60 days of abnormal CBE result |
| Fine Needle | Suspicious for Malignancy | Typically is followed by a surgical biopsy within 60 days of abnormal CBE result |
| | Malignancy | When cancer is clearly identified, refer to BCCT for treatment and report initial breast cancer treatment to RPC within 30 days of diagnosis Refer client to full BCCT by submitting BCCT MO HealthNet Application form. (See Section 6 Use forms page 6.6 and page 6.7 if not submitted previously) |
| | Benign | Work-up may be complete and/or clinician's discretion to perform rescreen of any abnormal Mammogram/Ultrasound results in 6-12 months for 1-2 years |
| Biopsy Pathology | Benign Atypical or Indeterminate | Refer to Specialist: Possible Excisional Biopsy per surgeon/ radiologist recommendation |
| Findings | Malignant or DCIS | Refer to BCCT for treatment and report initial breast cancer treatment to RPC. Refer client to full BCCT by submitting BCCT MO HealthNet Application form. (See Section 6 use forms page 6.6 and 6.7 if not submitted previously) |
| *If clinicia definit | n has other clinical protocol to be conside ive practice standards for every situation. | *If clinician has other clinical protocol to be considered, please contact the central office staff. The above are considered to be typical guidelines and not definitive practice standards for every situation. These guidelines are primarily to address protocols that are reimbursable by the SMHW program. See provider manual for more specific information regarding covered services. |

| | Diagnostic Breast Follow up Algorithms | page 1 of 3 |
|--|--|---|
| | ULTRASOUND Follow-Up Enter results on a purple diagnostic form. | |
| Category 1 Negative or Category 2 Benign | Category 3 Probably Benign | Category 4 Suspicious Abnormality or Category 5 Highly Suggestive of Malignancy |
| Diagnostic Referral based on CBE result | Clinician's discretion: May complete additional diagnostic workup within 60 days, May designate work up complete and return to routine screenings, or May designate work up complete and may rescreen within the next 6 - 10 months. If there are two consecutive "probably benign" results, clinician may follow up with another type of diagnostic testing such as surgical consult, FNA, biopsy OR may continue a rescreening schedule at 6 month intervals. | Qualifies for BCCT PE (temporary eligibility) referral (SMHW should pay for the Ultrasound). Tissue biopsy is typically performed through the BCCT/MO HealthNet program. Refer to Section 6. Please note: MO HealthNet prior authorization for procedures may be required. |

| | SPECIALIST CONSULT Follow-Up Enter results on a purple breast diagnostic form. | |
|---|---|--|
| Category 1 Negative | Category 3 Probably Benign | Category 4 Suspicious Abnormality |
| Or Category 2 Benign | (Examples include: Symmetrical thickening/thickened tissue/nodularity palpated in the same location in both breasts; irregularity or lumpiness that is not clinically suspicious) | or Category 5 Highly Suggestive of Malignancy |
| Work up may be complete if another test result is not suspicious for cancer | Clinician's discretion: May complete additional diagnostic workup within 60 days, May designate work up complete and return to routine screenings, or May designate work up complete and may rescreen within the next 6 - 10 months. | Typically the determination is made to perform a Tissue Biopsy. If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required. |

Diagnostic Breast Follow-up Algorithms

Page 2 of 3

| Diagnostic MAMMOGRAM Follow-Up | | | | | | |
|---|--|---|---|--|--|--|
| Category 0 Assessment Incomplete | Category 1 Negative Or Category 2 Benign Examples include: calcified fibroadenomas, multiple secretory calcifications, fat containing lesions (oil cysts), lipomas, galactoceles, mixed density hematomas and others. | Category 3 Probably Benign Examples include: noncalcified mass, focal asymmetry, cluster of round calcifications and others. | Category 4 Suspicious Abnormality Or Category 5 Highly Suggestive of Malignancy | | | |
| Compare to previous films, Complete additional mammogram views, or Perform ultrasound as indicated. | Clinician's discretion: Work up may be complete if another test result is not suspicious for cancer. If complete, return to routine screening: Annual CBE/Mammogram/Breast Awareness Exception: If CBE result was abnormal, additional diagnostic work-up within 60 days of date of abnormal CBE is required. Work up may include any or all of the following: Ultrasound, Breast Consult, and Tissue Biopsy. If benign and CBE result was not abnormal, may rescreen at 3 to 5 months and then further follow-up may be done based on surgeon's recommendations. | Clinician's discretion: May proceed to Ultrasound, Surgical Consult, FNA or Biopsy within 60 days, May designate work up complete and return to routine screening, May rescreen every 6 to 12 months for 1 to 2 years. If there are two consecutive "probably benign" results, clinician may follow-up with another type of diagnostic testing such as surgical consult, FNA or biopsy, or continue rescreening schedule. | Should be referred to a surgeon, and Must proceed to ANOTHER DIAGNOSTIC TEST such as Surgical Consult AND Tissue Biopsy. Tissue biopsy includes: Incisional, Core Needle, Ultrasound Guided, Stereotactic or Excisional. | | | |

| | Diagno | Diagnostic Breast Follow up Algorithms | page 3 of 3 |
|----------------------------|--|---|--|
| Breast cyst aspiratic | FINE (Enter n Breast cyst aspiration procedure is only to be done if payment if the cyst is benign on imaging | FINE NEEDLE ASPIRATION Follow-Up (Enter results on a purple breast diagnostic form) aspiration procedure is only to be done if the cyst is complex or suspicious for breast cancer on imaging. It is NOT approved for payment if the cyst is benign on imaging and is being aspirated for pain management or reduction of a benign cyst. | is NOT approved for nign cyst. |
| Negative | Indeterminate | Suspicious for Malignancy or Malignancy | ncy |
| Work up may be complete | Possible repeat or surgical biopsy per surgeon/radiologist recommendation | If not already enrolled, enroll in BCCT If client is BCCT eligible prior to biopsy, MO HealthNet prior authorization for procedures may be required If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment | orization for procedures d type of first cancer |

| | (Enter re | BIOPSY Follow-Up (Enter results on a purple breast diagnostic form). | -Up t diagnostic form). |
|--|--|---|---|
| Benign | Benign Atypical | Indeterminate | Suspicious for Malignancy or Malignancy |
| Diagnostic Mammogram/US in 6-12 months for 1-2 years | Possible Excisional Biopsy per surgeon/radiologist recommendation. | Refer to specialist | If not already enrolled, enroll in BCCT If client is BCCT eligible <u>prior</u> to biopsy, MO HealthNet prior authorization for procedures may be required If breast cancer is diagnosed, remember to report to RPC date and type of first cancer treatment |

Guidelines for Cervical Diagnostic Services

If the repeat Pap test is done greater than 10 months from the last Pap test, then it should be part of a complete annual screening.

NOTE:

SMHW will not reimburse for more than two consecutive abnormal Pap tests with a result of LSIL or ASC-US without further diagnostic testing, as recommended by the SMHW Advisory Board in July, 2001.

High-Risk Human Papillomavirus (HPV) Testing

- Effective this grant year, HPV testing will be covered for any negative or abnormal pap test result.
- If the result comes back negative additional Pap test will not be covered by the SMHW program for 5 years.
- If the HPV is positive, refer to the ASCCP guidelines.

Cervical Conization

- Conization by LEEP, cold knife or ECC is usually considered to be treatment and is covered by Medicaid BCCT. If colposcopy is inadequate, or the client is not eligible for BCCT, please call your RPC for additional instructions to meet the client's need.
- All LEEP and cold knife procedures qualify for presumptive eligibility for BCCT with a Pap test result of HSIL, which includes AGC or worse, followed by a colposcopy or tissue pathology results of moderate dysplasia or worse.

NOTE:

The colposcopy is paid by SMHW funding; LEEP and cold knife are typically paid by BCCT funding.

Algorithms for Cervical Diagnostic Services are available for viewing at http://www.asccp.org.

Alert Value Follow-up

The MOHSAIC electronic reporting system has been programmed to produce lists of clients and the SMHW providers who reported abnormal, suspicious for cancer results. These lists are forwarded at least weekly to the RPC's. The RPCs' check the MOHSAIC reporting system to determine if follow-up is reported timely. If no information is entered into MOHSAIC regarding the necessary follow-up, the RPC will contact the provider to ensure that follow-up has occurred and that it will be reported by the provider; or, if the provider or client is experiencing difficulty in completing the follow-up, the RPC will assist in contacting the client or in finding appropriate resources.

SMHW providers shall

- Implement some form of internal tracking and reminder system to ensure that SMHW clients who have abnormal breast test results suspicious for cancer receive further medical evaluation and treatment within 60 days. This includes that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If appointments are not kept, rescheduling and assisting with removing barriers such as transportation difficulties may be needed.
- Implement some form of internal tracking and reminder system to ensure that women who have abnormal cervical test results receive further medical evaluation and treatment within 90 days. This includes that scheduling follow-up visits and procedures are completed timely. In addition, client attendance for appropriate follow-up needs to be monitored. If appointments are not kept, rescheduling and assisting with removing barriers such as transportation difficulties may be needed.
- Promptly notify the RPC when a client is referred to BCCT in order to ensure timely and complete follow-up, complete and accurate tracking and documentation as such. Please report additional information to the RPC to enter onto forms the provider has already entered as needed, such as treatment of cancers found.
- Make and document at least two timely attempts to contact clients for follow-up of suspicious
 for cancer findings before designating the client as "lost to follow-up". One attempt should be
 by telephone and one by mail or certified mail. If client does not respond or refuses to comply
 with follow-up, then refer client name and contact information promptly to the RPC for further
 attempts.

Breast Situations that require diagnostic follow-up within 60 days include:

- "Diagnostic work up planned" is marked on the blue screening or purple breast diagnostic reporting forms for abnormal <u>breast</u> findings.
- Category 0 Assessment incomplete mammogram results are marked on the blue screening forms.

- Blue screening or purple breast diagnostic reporting forms marked to show abnormal suspicious for cancer or are marked as positive for cancer breast findings.
- Purple breast diagnostic reporting forms are marked with abnormal suspicious for cancer or are marked as positive for cancer <u>breast</u> findings require the Status of Final Diagnosis section B be completed. Any diagnostic result on the diagnostic form that has an * in Section B requires a Final Diagnosis be marked in Section C. Final Diagnostic Results in Sections B and C that indicate malignancy need to have Section D Breast Treatment completed with the status of treatment, type of treatment, treatment facility and date treatment started inserted. Section D information is usually updated after Sections A through C have been submitted. Providers are encouraged to provide the information to be added in Section D to the RPC's for entry as soon as that information becomes available since providers cannot enter new data onto an already submitted form. RPC's are able to add information to an already submitted form.

Cervical Situations that require follow-up within 90 days include:

- "Diagnostic work up planned" is marked on any of the reporting forms for abnormal <u>cervical</u> findings.
- Referred for diagnostic testing is marked on the blue screening form or the yellow cervical diagnostic forms for abnormal cervical findings.
- Yellow cervical diagnostic reporting forms are marked with abnormal suspicious for cancer results or are marked as positive for <u>cervical</u> cancer require the Status of Final Diagnosis section B be completed. Any diagnostic result on the diagnostic form that has an * in Section B requires a Final Diagnosis be marked in Section C. Final Diagnostic Results in Section B or C that indicate malignancy need to have Section D Cervical Treatment completed with the status of treatment, type of treatment, treatment facility and date treatment started inserted. Section D information is usually updated after Sections A through C have been submitted. Providers are encouraged to provide the information to be added in Section D to the RPC's for entry as soon as that information becomes available. A separate form does not have to be entered to include this data, but providers cannot enter new data onto an already submitted form whereas RPC's can add information to an already submitted form.

Show Me Healthy Women & WISEWOMAN Provider Manual

SMHW -MO HealthNet-Breast and Cervical Cancer Treatment Act

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HealthNet-Breast and Cervical Cancer Treatment Act



In October, 2000, federal legislation was signed allowing funded programs in the NBCCEDP to participate in the MO HealthNet BCCT Act. In July 2001, Governor Bob Holden signed legislation authorizing matching funds for Missouri to participate in the Missouri Medicaid program, now known as the MO HealthNet program, effective August 28, 2001. (The legislation can be found at RSMo Section 208.151 [25]).

Most women who receive a Show Me Healthy Women (SMHW) paid screening and/or diagnostic service, and are found to need treatment for breast and/or cervical cancer or a precancerous condition may be eligible for BCCT in Missouri.

Once a client is on BCCT, they have access to full MO HealthNet benefits-not just medical services for cancer care. Please note there is transportation assistance available for the client enrolled in BCCT also. Eligibility criteria to qualify for MO HealthNet based on the need for BCCT can be found in further detail at http://dss.mo.gov/mhd/general/pages/about.htm.

Basic BCCT Act Eligibility Guidelines

Those who are eligible for the BCCT program must:

- Be a Missouri resident;
- Be a woman;
- Be under age 65;
- Meet eligibility guidelines for SMHW outlined in this manual (refer to Section 3);
- Be enrolled in the SMHW program <u>prior</u> to tissue biopsy and have a screening or diagnostic test paid by SMHW funds*;
- Be diagnosed with breast and/or cervical cancer or cervical precancerous condition through SMHW;
- Need treatment for breast and/or cervical cancers or precancerous conditions as listed below; and
- Have no source of health/medical insurance that covers cancer treatment.

NOTE:

If the only service reimbursed by SMHW is a referral fee, the client will <u>not</u> be eligible for BCCT.

Breast Cancer Diagnosis

Requires a tissue biopsy diagnosed by a pathologist with one of the following to be eligible for BCCT:

- · Carcinoma in situ.
- Invasive breast cancer.

-OR-

 Ultrasound result of "suspicious abnormality" (BI-RADS category 4) or "highly suggestive of malignancy" (BI-RADS category 5).

If a biopsy is performed and breast cancer is not diagnosed, the client will no longer be eligible for BCCT and will revert back to SMHW.

Cervical Cancer Diagnosis

Requires a tissue biopsy diagnosed by a pathologist with one of the following to be eligible for BCCT:

- CIN 2/moderate dysplasia
- CIN 3/severe dysplasia
- CIS or AIS
- Invasive cancer

A cervical tissue biopsy with one of the above diagnosis qualifies the client for BCCT.

Despite a colposcopy diagnosis, if the client had a high-grade squamous intraepithelial lesion (HSIL), atypical glandular cells (AGC) or worse on their pap test prior to the colposcopy being done, the client still qualifies for BCCT.

*The colposcopy will continue to be billed to SMHW and reimbursed by the program.

MO HealthNet Treatment Services Covered

- Cervical conization
- LEEP or cold knife if a client received a Pap test diagnosis of HSIL or worse, or colposcopy test diagnosis of moderate dysplasia or worse.
- Incisional and/or Excisional breast biopsy if ultrasound result is category 4 (suspicious abnormality) or category 5 (highly suggestive of malignancy)
- Incisional and/or Excisional breast biopsy if fine needle aspiration, core needle, or stereotactic biopsy
 result is malignant
- Breast Cancer Treatment is indicated including chemotherapy, surgery, radiation, and breast reconstruction
- All other MO HealthNet covered medical services including services not related to the breast or cervical cancer

NOTE:

MO HealthNet services may be subject to prior authorization procedures and limitations. Full MO HealthNet benefits will continue until the treating physician determines treatment for cancer is complete.

BCCT Temporary MO HealthNet Authorization Letter

Presumptive Eligibility

The BCCT Temporary MO HealthNet Authorization letter (refer to page 6.9), also referred to as presumptive eligibility (PE), provides for temporary but immediate full MO HealthNet benefits. Clients must meet basic BCCT eligibility guidelines to qualify for PE (refer to pages 6.1 and 6.2).

MO HealthNet determines the date PE begins. Typically, PE coverage begins on the date of the procedure or diagnostic test which indicated either a precancerous condition or cancer of the breast and/or cervix by tissue pathology that determined the client is eligible for BCCT (refer to pages 6.1 and 6.2).

In order for a SMHW client to obtain PE, the BCCT Temporary MO HealthNet Application is faxed to the MO HealthNet Service Center, Buchanan County Family Support Division (refer to page 6.5). The client receives a copy of the BCCT Temporary MO HealthNet Authorization Letter. An additional copy is retained for the client's record. The RPC is also notified of eligible clients. This procedure allows for minimal delays for women in receiving the necessary treatment indicated.

Submit the above documentation for MO HealthNet to determine the date PE begins. PE coverage continues until the earlier of the following dates:

- The last day of the month following the PE decision, if the client does not submit an application for regular BCCT MO HealthNet coverage (refer to page 6.10) or
- The date the client is determined ineligible or eligible for BCCT MO HealthNet.

BCCT MO HealthNet Application (Extended BCCT coverage)

Extending MO HealthNet Treatment Eligibility beyond the presumptive period

For evaluation of continued MO HealthNet coverage, the (extended) BCCT MO HealthNet application form for medical assistance must be submitted to the FSD's MO HealthNet Service Center when cancer is diagnosed.

The client must meet the basic BCCT guidelines (refer to pages 6.1 and 6.2) and the following:

- Have a Social Security number,
- Be uninsured or underinsured for breast or cervical cancer treatment.
- Show proof of citizenship/alien status, and

Submit a completed, signed (extended) BCCT MO HealthNet Application form to the MO HealthNet Service Center via Buchanan County
 FSD.

It is important for providers to assist clients in completing and faxing the Missouri BCCT MO HealthNet Application for medical assistance as soon as possible (refer to page 6.10). SMHW providers fax a copy of the application form and mail the original copy to the Buchanan County Family Support Division office at the address listed on this page. Application related questions can be addressed by calling toll-free, 1.888.275.5908.

MO HealthNet Service Center

Buchanan County FSD 525 Jules Street, Suite 127 St. Joseph, MO 64501

Phone: 1.888.275.5908 **Fax:** 1.816.387.2890

Upon review of the application, and if the client is determined eligible for BCCT MO HealthNet coverage, full MO HealthNet benefits will continue until the treating physician determines treatment for the breast or cervical cancer is complete.

NOTE:

Routine monitoring by physician is **NOT** considered treatment.

Clients determined ineligible for BCCT medical assistance may receive, with prior authorization from SMHW, a cervical conization by LEEP or cold knife.

Show Me Healthy Women Providers Responsibilities

- Notify client of diagnosis and recommended follow-up (preferably in person). If a client is being seen by a specialist, ensure client was notified of diagnosis and recommended follow-up.
- Explain the BCCT program and application processes to the client.
- Determine client's presumptive eligibility and fill out the BCCT Temporary MO HealthNet Authorization letter and fax the letter to the FSD's MO HealthNet Service Center within five days of BCCT qualifying test results or diagnosis.
- When MO HealthNet coverage is needed beyond the temporary PE period, assist the client in completing and signing the (extended) Missouri BCCT MO HealthNet Application (refer to page 6.10). Ensure the client receives a copy of the completed application form and that a copy is retained in the client's medical record. Submit the application to the MO HealthNet Service Center for evaluation of the application as soon as possible after cancer is diagnosed.
- Verify dates included on eligibility documents are correct before sending to MO HealthNet Service Center.
- FSD's MO HealthNet Service Center shall evaluate the application of each client for other MO HealthNet programs the client may be eligible to receive.
- Notify the SMHW RPC of clients who become eligible for the BCCT MO HealthNet Treatment program. The RPC will track the treatment provider's name, date that the client's treatment regimen started and the type of treatment initiated.
- Ensure that the client's history and abnormal screening forms are entered into the MOHSAIC
 reporting system prior to submitting the BCCT application forms. Utilize the DCN assigned when
 the SMHW Patient History form (refer to page 12.14) is entered in MOHSAIC. This number
 serves as the client MO HealthNet number for the temporary PE letter and the full BCCT
 application for benefits.
- Submit date treatment was initiated, type of treatment that was started and name of treatment
 provider by completing Section D on the Breast Diagnosis and Treatment (purple) form, and/or
 Section D on the Cervical Diagnosis and Treatment (yellow) form.
- Check the "yes" box in Section A of the SMHW purple Breast or yellow Cervical Diagnosis and Treatment reporting form(s) that BCCT has been initiated.

Show Me Healthy Women Regional Program Coordinators BCCT Responsibilities

- Follow-up with client to assist with the completion of the Missouri BCCT MO HealthNet Application form for an extended period of medical assistance if needed.
- Check with client to assess status of client's cancer treatment upon request from FSD's MO
 HealthNet. Assure treatment has been initiated and documented in MOHSAIC.
- Inform FSD's MO HealthNet of the following:
 - Follow-up biopsy result does not document cancer diagnosis. In these cases, typically the PE BCCT has been issued for results of ultrasound category 4, category 5, or for HGSIL Pap smear result and the biopsy obtained during the PE timeframe is benign. No treatment is needed so the extended full BCCT application does not need to be approved,
 - Continue to track client's BCCT treatment status and plan of care for breast and/or cervical cancer. MO HealthNet eligibility ends when treatment for the breast and/or cervical cancer is completed. After the MO HealthNet eligibility end date is documented, SMHW annual services can be offered to the client if all areas of eligibility are met,
 - ✓ Date client gains insurance coverage,
 - ✓ Date client moves out of state.
 - ✓ Date client is determined lost to follow-up after documented attempts by the provider and RPC to inform and assist client with barriers to care, or
 - ✓ Date client refuses care. (Waiver form signed or certified letter returned).



Family Support Division Responsibilities

- Enter BCCT Temporary MO HealthNet Authorization letter for presumptive eligibility in the FSD system upon receipt from SMHW provider.
- Enter Missouri BCCT MO HealthNet Application for medical assistance into the FSD system upon receipt from client or the SMHW provider.
- Determine MO HealthNet eligibility for breast and/or cervical cancer treatment and other MO HealthNet programs.
- Report result of the eligibility determination to the client and the appropriate SMHW provider or RPC.
- After MO HealthNet approvals for breast and/or cervical treatment have been established, track client's need for continued treatment and continued enrollment in MO HealthNet.
 - ✓ Request the treating physician's plan of care for breast and/or cervical cancer treatment.
 - ✓ Utilize SMHW RPC for assistance, if needed.
- Terminate breast and/or cervical cancer treatment eligibility after treatment is completed.
- Notify client and SMHW provider or RPC of termination of breast and/or cervical cancer MO HealthNet treatment eligibility.
- Provide tracking for initial treatment type and date to the SMHW RPC.

Direct questions concerning MO HealthNet treatment for SMHW to SMHW at 1.573.522.2845

Or

State of Missouri FSD MO HealthNet Service Center
Toll-free at 1.888.275.5908

MISSOURI DEPARTMENT OF SOCIAL SERVICES FAMILY SUPPORT DIVISION

BCCT TEMPORARY MO HEALTHNET AUTHORIZATION

| (Name)(Address)(Address)(Address) | |
|---|--|
| Dear | |
| You are eligible for Temporary MO HealthNet coverage based upon your Women program screening results. Your temporary coverage will continuous eligibility for on-going MO HealthNet coverage. MO HealthNet can put when the medical provider you use accepts MO HealthNet payments. | ue until a decision is made on |
| An application for MO HealthNet based upon your need for breast at is enclosed. Please complete the application and mail it to the Fami Service Center as quickly as possible. If you fail to complete and reby the last day of next month, your MO HealthNet coverage will end | ily Support Division's (FSD) turn the enclosed application |
| You will receive a white MO HealthNet card in approximately five days. Use this letter when you go to your doctor, pharmacy or other medical sequestions about MO HealthNet providers or how to get MO HealthNet se FSD office of your residence. | rvice provider. If you have |
| If you have any questions pertaining to continuing medical eligibility, plea of your residence or Missouri Family Support Division's MO HealthNet Set 1-888-275-5908. | |
| SMHW Contracted Provider: | |
| SMHW Eligibility Confirmed: | |
| Date: | |
| NAME MO HEALTHNET NUMBER | DATE COVERAGE TO BEGIN |
| 886-3978 (9-01, REVISED: 6-07) | SMHW-1 (06/2011) |

ATTENTION:

Medicaid providers are to verify MO HealthNet coverage **PRIOR TO** providing services to the above claimant.

| MISSOURI DEPARTMENT OF S | OCIAL SERVICES | | Value of the same | | |
|--|--|--------------------------|----------------------------|---------------------|--------------|
| FAMILY SUPPORT DIVISION BCCT MO HEALTHNET A | DDLICATION | | FOR OFFICE USE | ONLY | |
| BUCH MO HEALTHNET A | PPLICATION | | DATE APPLIED | | |
| | | CICN | | | |
| TELEPHONE NUMBER | | | Decision by | | |
| DIAGNOSIS DATE | | | SERVICE REP SUI | PERVISOR LOAD | |
| COMPLETE IN INK | | | | | |
| A. MAILING ADDRESS | - | | Company of the | - | |
| NAME (FIRST, MIDDLE, LAST) | MAIDEN N | NAME DATE | OF BIRTH BOCIAL BECUR | RITY NUMBER RACE/E | THNIC |
| ADDRESS (HOUSE NO., STREET, RURAL ROL | JTE, PO BOX NO) CITY, STATE, ZIP CODE, C | COUNTY | | | |
| HOME TELEPHONE NUMBER | WORK TELEPHONE NUM | MBER | MESSAGE TELEPHONE | NUMBER | |
| B. INSTRUCTIONS: Please ans | swer each question completel | ly. | | 4 4 | |
| | | | | YES | NO |
| 1. Born in Missouri? | | | | | |
| 2. Are you a U.S. citizen? If "NO | ", list immigration status and re | egistration number. da | te of entry: | | |
| 3. Do you currently have healtho | are insurance? | | | П | - [7] |
| NAME OF COMPANY | Y AND POLICY NUMBER | | TYPE OF COVE | RAGE | |
| | | □ DOCTOR □ | HOSPITAL If limited cover | rage explain: | |
| | | | | YES | NO |
| 4. Do you have children under th | ne age of 19 residing in your hor | me? | | П | П |
| 5. Are you pregnant? | | | | | |
| 6. Are you blind? | | | | | П |
| 7. Are you disabled? | | | | | |
| C. PLEASE READ CAREFULLY | AND SIGN BELOW: | | | | Ш |
| I agree to provide Social Sec used to determine eligibility ar | surity Numbers of all persons ap | pplying for MO Health | Net as required by law. | The social security | number is |
| I agree that my statements ar | | verified | | | |
| I will report any changes in ci | | | | | |
| | | | | | |
| I know that it is against the law whatsoever, in whole or in pa | w to obtain benefits to which I an rt, may subject me to criminal a | | | ncealment of any fr | naterial fac |
| I agree that medical information | on about me can be released if | needed to administer | this program. | | |
| I understand Healthcare ben determined by completing this a different application for thes | application. If I want eligibility for | | | | |
| Provided I am found to be elig state may collect payments fr | gible for MO HealthNet, I know th om any third party (i.e., insuran | | | | d agree the |
| I understand that if I disagree decision. | with the decision concerning of | my eligibility, I may re | equest a fair hearing with | nin 90 days of the | date of the |
| I agree that the signature belo accurate, and complete, to the | | perjury that all deck | arations made in this e | ligibility statemen | nt are true |
| SIGNATURE | | | | DATE | |
| 17 7 7 | | TOTAL | | | |
| | CALL 1-888-275-5908 | IF YOU HAVE ANY | QUESTIONS. | V | |
| MO 896-3977 (8-08) | | | | | IM-1BC (6-08 |

Show Me Healthy Women & WISEWOMAN Provider Manual

WISEWOMAN Clinical Services

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| MEDICATION ACCESS | 7.18 |
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| Body Mass Index Table | |







| WISEWOMAN Service Summary | | | |
|--|--|--|--|
| Service | Description | | |
| Initial and Annual Screening: Assessment (at same office visit as the SMHW screening). | Client signs joint agreement to participate in both SMHW and WISEWOMAN services. Client completes WISEWOMAN Assessment form (front and back). Clinical Requirements Height and weight for BMI. Two blood pressure measurements. Lab work: Total cholesterol + HDL cholesterol. Blood glucose (fasting or casual) or A1C. A1C may be used for screening or to assess diabetes control with previous diagnosis of diabetes. Assessment and Referrals Evaluate screening results (including lab results when available). Assess and document clearance for physical activity. Schedule client for follow-up as needed: fasting lab work, diagnostic | | |
| | office visit and/or case management (alert values only). ▼ Ensure alert value screening results receive medical evaluation within seven (7) days. ▼ Document scheduled or completed medical evaluation on Section E of the WISEWOMAN screening form. If evaluation not completed within 7 days, note the justification code in comments or contact the Regional Program Coordinator. | | |
| Risk Reduction Counseling Completed during screening office visit or at LSI. | Provide screening results to client both verbally and in writing. Explain identified risk factors and recommendations to reduce risk. Refer client to LSI either on site or at referral clinic or agency. If client smokes, fax the Missouri Tobacco Quitline form to 1.800.784.8689. Refer client to available community resources to support healthy lifestyle habits. If client refuses LSI or medical referral, note this in comments on the screening form. Notify central office staff if client is high risk, but will not participate in LSI. Fax or mail refusal. | | |
| Lab Only Only if indicated. | Draw fasting blood for lab work, if indicated on first lab results or two or greater risk score. Schedule lab work so results are known at diagnostic visit, if feasible. | | |
| Diagnostic office visit, 20 or 30 minute office visit (Only if indicated by abnormal blood pressure, cholesterol/lipid, or blood glucose screening results.) Preferred within 60 days. | Evaluate client's risk factors and provide diagnosis and treatment recommendations, if applicable. Prescribe medication, if applicable. Assist client with access to low-cost or free medications. Measure blood pressure to verify elevated readings on initial visit. Schedule or confirm scheduled LSI. Document results and referrals on Section E of the screening form. | | |
| Lifestyle Education Intervention (LSI) | Provide LSI based on client's risk factor(s) and readiness to change. Link client to community resources to support healthy habits. | | |

WISEWOMAN Services

NOTE:

WISEWOMAN* services are available only to SMHW clients.

WISEWOMAN offers the following cardiovascular health (CVH) services to help women reduce their risk of heart disease and stroke:

- Risk factor screenings,
- Diagnostic and referral services, and
- ▼ Lifestyle intervention (LSI).

Definition of WISEWOMAN Terms

Initial (99420W) and Annual (99420WA) Screening Assessment

- ▼ The WISEWOMAN screening assessment includes:
 - 1. Review of CVH risk factor measurements of BMI (from height and weight) and blood pressure from the average of two readings.
 - 2. Review of lab work for cholesterol and glucose screening.
 - 3. Assessment of clients' need for follow-up lab work and/or follow-up medical evaluation of screening results.
 - 4. Referral for lifestyle education to reduce risk of CVH.
- ▼ The WISEWOMAN assessment should occur at the same office visit as the SMHW screening and is considered an integrated screening. CDC allows ten percent of screenings to be at a separate office visit which would be non-integrated. If non-integrated screenings are needed contact the central office WISEWOMAN staff for approval.
- ▼ The first WISEWOMAN assessment is an initial, even if the client is having an annual screening for SMHW. Annual WISEWOMAN screening assessments occur 11-18 months following a previous screening assessment. The annual screening assessment repeats the same assessments, clinical measurements, follow-up and referrals as on the initial assessment.

Diagnostic Office Visit

- One diagnostic office visit, either 20 (99202W) or 30 (99203W) minutes in length, may be billed for clients with abnormal or alert screening values or risk factors that need further medical evaluation. The diagnostic office visit must be completed by a clinician who can, if needed, prescribe medications or other treatment.
- WISEWOMAN funds are restricted by congressional law that states funds shall only be used for prevention services, so additional follow-up office visits to monitor treatment shall not be reimbursed.
- ♥ Screening providers must be able to link clients to medical services for medical evaluation and assist clients with access to low cost or free medication, if needed.

Lab Work Only

- ▼ Reimbursement is allowed for the specified CVH screening lab work if the lab work is performed either 30 days before or 30 days after the screening assessment date.
- ▼ Reimbursement for completion of second blood draw for lab work is warranted if specified in WISEWOMAN protocols (refer to page 7.12).
- ♥ If the initial lab work is suspicious for diagnosis of diabetes, an additional fasting lab test is warranted. A1C is not allowed on the second lab work.
- ▼ If the client's risk factors on the CHD Risk Calculation (Section B on WISEWOMAN Screening form) total two or more and a fasting lipid panel was not obtained with the initial lab work, a second lab test for a fasting lipid panel is recommended. Only one fasting lipid panel is allowed per year.

Lifestyle Education Intervention (LSI) Only

♥ If the LSI occurs at a different date or location than the screening office visit, providers should report the LSI by checking this visit type on the WISEWOMAN Screening form.

Referral Providers

Referral providers deliver services that screening providers do not have the ability to provide, such as:

- ▶ Diagnostic office visits, which require clinicians who are qualified and licensed to perform the medical evaluation and prescribe medication for abnormal CVH screening results/risk factors.
- ▼ LSI which requires trained staff to provide individually tailored counseling based on clients' risk factors and motivation to change.

Initial and Annual Screening Requirements

The WISEWOMAN initial (99420W) or annual (99420WA) screening includes three (3) major components:

Assessment Completed by the Client

- ▼ The client completes the WISEWOMAN Assessment form prior to the clinical screening as part of the registration process. The pink one-page form is to be completed on both the front and the back. Questions include personal and family history of CVD, lifestyle habits related to CVD risk and motivation and ability to make lifestyle changes.
- Provider staff should review and clarify the clients' responses for any missing or inconsistent responses during the screening visit.

Clinical Screening Measurements and Assessments

- ▼ The standards for cardiovascular health screenings are established by the CDC. Screening results are reported on the WISEWOMAN Screening form (also a pink form).
- The following must be completed to be reimbursed as a WISEWOMAN screening.

Screening Measurements:

- Height and weight for BMI (refer to page 7.21)
- 2. Two blood pressure measurements (refer to page 7.9)
- 3. Lab work for cholesterol, HDL and blood glucose (refer to page 7.8)

CHD Risk Calculation:

- 1. The assessment questions and screening measurements are used to estimate each client's risk of heart disease.
- 2. Complete the risk calculator or use the MOSHAIC electronic form to determine the number of risk factors.

Physical Activity Clearance:

1. The screening clinician should evaluate the client's physical ability to exercise safely and check the box on the screening form if the client should **not** participate in physical activity.

Follow-up and Referrals for Abnormal Values

Providers must ensure that all clients:

- Receive their WISEWOMAN screening results both verbally and in writing.
- ▼ Have access to low-cost or free medical evaluation for treatment when screening results indicate medical evaluation based on screening standards (refer to pages 7.8, 7.10 and 7.16).
- ▼ Are assisted with access to low- or no-cost medications if they require drug therapy (refer to page 7.18).
- ▼ Receive lifestyle education to reduce their risk of heart disease and stroke.

NOTE:

Providers must document client refusals to participate in follow-up medical evaluation or lifestyle education and report in the "Comment" section of the screening form. Fax the refusal form (refer to page 12.43) to the WISEWOMAN program at 1.573.522.2898.

Alert Value Follow-up and Referrals

- ♥ Providers must assure that women who have dangerously high alert values have access to medical evaluation and treatment immediately or within seven days of the alert screening value (refer to page 7.8). If this does not occur, documentation must explain why this did not happen.
- ▼ The RPC should be notified immediately when an alert value is identified in order to ensure correct tracking and documentation.
- Make and document at least two attempts to contact clients for follow-up of alert findings before designating the client as "lost to follow-up." One attempt should be by telephone and one by mail and, if no response, then refer promptly to the RPC for further attempts.

Documentation of Alert Values:

The following information regarding alert value follow-up should be reported on the client's screening record:

- Medical evaluation visit date.
- Status of work-up: Use the following coding; numbering is not sequential:
 - 1. Pending.
 - 2. Complete (selected if the medical evaluation has occurred. The "Complete" designation does not refer to the control status of the condition or completion of additional follow-up).
 - 3. Not medically indicated; client being treated.

- 6. Not an alert reading.
- 7. No value recorded.
- 8. Client refused.
- 9. Not completed, client lost to follow-up.

NOTE:

The CDC uses the percent of alert values receiving medical evaluation within seven (7) days and the status of the workup of alert values as a performance measure to evaluate the WISEWOMAN programs. Allowances are made when there is documentation stating why this did not occur.

Alert justification codes used by central office and RPC's for when the seven (7) day standard was not met:

- 1. "C" = Completed, but > seven (7) days.
- 2. "P" = Participant being treated.
- 3. "R" = Client refused.
- 4. "L" = Lost to Follow-up.

ATTENTION:

Note the code in the client record under comments if the form has not been submitted. If the form has been submitted, contact your Regional Program Coordinator to document the reason the client follow-up did not meet the CDC standard.

Diagnostic Office Visit Requirements

A diagnostic office visit may be reimbursed for clients who have an abnormal or alert blood pressure, cholesterol, or blood glucose screening result. In addition, diagnostic office visit may be used for evaluation for smoking cessation medication. The reason for the diagnostic office visit must be documented on the WISEWOMAN Screening form (refer to page 12.37).

Diagnostic office visit is considered a follow-up screening assessment. It is not intended to monitor the status of treatment. A diagnostic office visit is scheduled when further evaluation is needed to:

- ♥ Confirm a new diagnosis of high blood pressure, high cholesterol or diabetes, or;
- ♥ Assess and prescribe medication or other treatment as recommended.

Only clinicians who can medically evaluate the abnormal screening value and prescribe medication may perform the diagnostic visit. If the screening clinic does not have a clinician who can perform the medical evaluations, the client should be referred to a qualified clinician outside of the clinics operations. In this situation, the clinic should have an agreement with the referral clinician regarding billing for the amount that WISEWOMAN will reimburse and how payment will be transferred from the provider to the referral clinician if they are not a WISEWOMAN provider. The WISEWOMAN Referral form (refer to page 12.41) is provided to assist in making referrals for medical evaluation.

Only one diagnostic visit is allowed per annual service cycle. Diagnostic visits should be scheduled as soon as possible after the screening assessment. The following screening protocols should be followed in determining the need for diagnostic office visits and diagnosis of hypertension, high cholesterol and diabetes.

Screening Standards

| | Blood Pressure | Systolic (mmHg) | | Diastolic (mmHg) |
|--|----------------------|--------------------|-----|---------------------|
| Blood Pressure JNC 7 – NHLBI | Normal | < 120 | and | < 80 |
| (Refer to page 7.9) | Pre-Hypertension | 120-139 | or | 80-89 |
| | Stage 1 Hypertension | 140-159 | or | 90-99 |
| | Stage2 Hypertension | ≥ 160 | or | ≥ 100 |
| | ALERT | > 180 | or | > 110 |
| | | | | |
| | | mg/dl | | |
| Cholesterol ATP III – National | Normal | < 200 | | |
| Cholesterol Educa- | Elevated | ≥ 200 but < 400 | | |
| tion Program, NIH (Refer to page 7.12) | ALERT | > 400 | | |

| | | FPG mg/dL | 2-h PG mg/dL |
|----------------------------------|----------------------------------|-----------------|-------------------------------------|
| Blood Sugar American Diabetes | Normal | < 100 | < 140 |
| Association (Refer to page 7.14) | Impaired fasting glucose (IFG) | ≥ 100 but< 126 | |
| | Impaired glucose tolerance (IGT) | | ≥ 140 and < 200 |
| | Elevated | ≥ 126 but < 275 | Random or 2-hr PG ≥ 200 or > 375 |
| | ALERT | < 50 or > 275 | |

NOTE:

Alert measures determined by Centers for Disease Control and Prevention.

Blood Pressure Screening Protocols

The blood pressure screening protocols are based on *The Seventh Report of the Joint National Committee on Prevention Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7*), National Institutes of Health 2003, and CDC's *WISEWOMAN* guidelines.

Reducing high blood pressure has been shown to lower the risk of CVD. In clinical trials, treatment of high blood pressure has been associated with a 35 to 40 percent reduction in stroke incidence, a 20 to 25 percent reduction in heart attacks, and more than a 50 percent reduction in heart failure.

Accurate Blood Pressure Measurement

- Clients should refrain from smoking, exercising or ingesting caffeine for at least 30 minutes before measurement.
- ♥ Clients should be seated quietly for at least five minutes in a chair (rather than on an exam table), with feet on the floor, and arm supported at heart level.
- ♥ Clients should be relaxed and not talking.
- ◆ An appropriate size cuff (cuff bladder encircling at least 80 percent of the arm) should be used to ensure accuracy. Many adults require a large adult cuff.
- Make the measurement with a mercury sphygmomanometer, a recently calibrated aneroid manometer, or a validated electronic device.
- Systolic Blood Pressure (SBP) is the point at which the first of two or more sounds is heard (phase one) and Diastolic Blood Pressure (DBP) is the point before the disappearance of sounds (phase five).
- ▶ At least two (2) measurements, separated by about two minutes, should be measured and recorded. If the first two readings differ by more than 5 mm Hg, obtain additional readings.
- ♥ Clinicians should provide the client, both verbally and in writing, their specific blood pressure numbers and goals.

NOTE:

Accurate blood pressure measurements are necessary for correct diagnosis and classification of hypertension. The JNC 7 guidelines may be accessed at: http://www.nhlbi.nih.gov/guidelines/hypertension.

Blood Pressure Classification

Elevated blood pressure measurements, with the exception of alert values, should be confirmed with a second measurement at a follow-up visit, if feasible.

Blood Pressure Classification and WISEWOMAN Services

| Classification | SBP (mmHg) | DBP (mmHg) | WISEWOMAN Service | *Recommended JNC 7 Treatment (Treatment not reimbursed by SMHW) |
|----------------------------------|-----------------|-----------------|---|---|
| Normal | < 120 | and < 80 | ♥ LSI | |
| Pre-hypertension | 120-139 | or 80-89 | ▼ LSI ▼ For compelling conditions, refer for medical evaluation treatment | Drug therapy for compelling conditions (diabetes, existing CVD, chronic kidney disease) Refer to specific JNC 7 guidelines |
| Stage 1 Hypertension (HTN) | 140-159 | or 90-99 | ▼ LSI ▼ Confirm new HTN with rescreen < two months ▼ Medical referral for confirmed HTN | Drug therapy Consider two-drug therapy Refer to specific JNC 7 guidelines |
| Stage 2 Hypertension | <u>></u> 160 | or <u>≥</u> 100 | ♥ LSI ♥ Confirm HTN with rescreen < one month ♥ Medical referral for confirmed HTN | |
| ALERT | > 180 | or >110 | ▼ Refer for immediate (< seven days) medical evaluation ▼ Track and report date of medical evaluation and treatment ▼ Case Management ▼ LSI | Drug therapy Refer to specific JNC 7 guidelines |

^{*} Federal WISEWOMAN legislation excludes use of funds for medical treatment.

NOTES:

Although treatment services are not reimbursed for WISEWOMAN clients, providers are responsible to ensure that women receive assistance with access to the recommended medical evaluation and treatment, including low- or no-cost prescription medications.

The JNC 7 report recognizes that the responsible physician's judgment remains paramount.

Laboratory Test Protocols

Screening Assessment Lab Work

Laboratory tests are required for reimbursement of the initial and annual office visit. An allowance may be made for lab work completed up to 30 days prior or 30 days following the screening office visit. It is recommended that the WISEWOMAN Assessment form (refer to page 12.35) be completed by the client prior to her receiving her lab results. This is to assure consistent client responses relating to



previous diagnosis of high cholesterol or diabetes prior to the WISEWOMAN screening assessment.

Required Blood Results Include

- Total Cholesterol (TC) and High-Density Lipoprotein-Cholesterol (HDL-C)
 - 1. If client is fasting, obtain TC and HDL-C using a Fasting Lipid Panel (FLP).
 - 2. If client is not fasting, obtain only TC and HDL-C.
 - 3. Only one FLP will be reimbursed per client per year.
- ♥ Blood glucose or A1C
 - 1. For blood glucose, use either quantitative blood glucose or reagent strip blood glucose.
 - 2. A1C is required if client has previous diagnosis of diabetes, but may be used for screening for diabetes instead of the glucose test. (Note the previous diagnosis on the WISEWOMAN Assessment form).
 - 3. Reimbursement will be made for either blood glucose or A1C, but not both at the screening office visit. A1C is only reimbursed for the initial or annual screening visit.
- Fasting status must be reported. Check "Yes" or "No" for clients fasting status on the WISEWOMAN screening form.

| | Lab Work Summary | | | |
|---|--|--|--|--|
| | Non-Fasting Client | | Fasting Client | |
| ٧ | Total blood cholesterol and HDL-C | | ▼ Fasting Lipid Panel | |
| * | Glucose quantitative or blood glucose reagent strip or A1C | | ♥ Glucose quantitative or blood glucose reagent strip or A1C | |

Second Lab Work

Reimbursement is provided for a second blood draw for clients who need follow-up screening. The client must be fasting for the second blood draw and it must be obtained on a different date. The following lab tests qualify for a second blood draw:

- ▼ Fasting lipid panel (if not done on initial screening). Order if total cholesterol and/or HDL cholesterol are abnormal at first office visit or if client has two or more CVD risk factors (refer to page 12.37, Sections B, C andD), and
- ♥ Blood glucose, quantitative or BG strip (fasting).

NOTE:

A1C is not reimbursed on the second lab work.

If the client has a diagnostic office visit and needs lab, schedule the lab work in advance so the results are available at the time of the diagnostic medical evaluation. Check "Lab Only" on the top of the screening form when reporting lab work not completed on the screening assessment date.

Cholesterol Screening Protocols

Cholesterol screening protocols are based on Adult Treatment Panel (ATP) III (Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Cholesterol in Adults), National Cholesterol Education Program, National Institutes of Health, 2001 and National Cholesterol Education Program (NCEP) Report: Implications of Recent Clinical Trials for the National Cholesterol Education

Program Adult Treatment Panel III Guidelines. Circulation July 13,

2004. http://www.circulationaha.org.

Elevated blood cholesterol is a major risk factor for heart disease. Identifying and reducing high blood cholesterol has been shown to reduce the risk of heart disease.

| CHOLES | TEROL CLASSIFICATI | ON & WISEWOMAN SI | ERVICES |
|-----------------|------------------------------|---|---|
| Classification | Blood Cholesterol (mg/dl) | WISEWOMAN Service | *ATP III Treatment (Treatment not reimbursed by WISEWOMAN) |
| Desirable | < 200 | ▼ LSI | Refer to ATP III for drug treatment guidelines |
| Borderline High | 200-239 | ▼ LSI▼ Medical referral if high risk | based on CVD risk factors. |
| High | ≥ 240 | ▼ LSI▼ Medical Referral | |
| ALERT | 400 | Medical Evaluation Track and report date of medical evaluation and treatment Case Management LSI | |

Major Risk Factors that Modify Low Density Lipid Goals Resources for Evaluation and Treatment

LDL goals should be modified and women referred to the lifestyle interventions if any of the following additional risk factors are present.

- ♥ Cigarette smoking
- ♥ Hypertension (BP > 140/90 mm/Hg or on antihypertensive medication)
- ▼ Low HDL Cholesterol (< 40 mg/dl)</p>

NOTE:

HDL cholesterol ≥ 60 counts as a "negative" risk factor. A high HDL removes one risk factor from the total count.

- ▼ Family history of premature CVD (CVD in male first degree relative < 55 years or female first degree relative < 65 years)</p>
- ♥ Age > 55 years

If a woman has two or more of the major risk factors, a fasting lipid panel is recommended.

| Risk Classification | LDL Goal mg/dL | Initiate TLC mg/dL | Consider Drug Therapy (mg/dL) (Treatment not reimbursed by WISEWOMAN) |
|---|------------------------|-----------------------|---|
| High Risk: CVD, non-coronary forms of atherosclerosis, diabetes or ten-year risk score > 20 percent | < 100 < 70 Optimal | ≥ 100 | 100 + < 100 Optional |
| Moderately High Risk: Two + risk factors and ten-year risk score ten to 20 percent | < 130 < 100 Optimal | | ≥ 130 100-129 Optional |
| Moderate Risk: Two + risk factors and ten-year risk score < ten percent | < 130 | | ≥ 160 |
| Lower Risk: Zero to one risk factor | < 160 | ≥ 160 | ≥ 190 160-189 Optional |

SOURCE: NCEP Report: Implications of Recent Clinical Trials for the National Cholesterol Education Program Adult Treatment Pane III Guidelines. Circulation. July 13, 2004. http://www.circulationaha.org.

Diabetes Screening Protocols

Diabetes screening protocols are based on *American Diabetes Association's Clinical Practice Guidelines*, 2012.

The WISEWOMAN program provides reimbursement for blood glucose screening since individuals with undiagnosed or uncontrolled diabetes are at significantly higher risk for stroke, coronary heart disease and peripheral vascular disease. Cardiovascular risk factors of dyslipidemia, hypertension and obesity occur more frequently in people with diabetes.

If results from the first glucose screening at the initial visit are abnormal, the WISEWOMAN program will reimburse providers for one follow-up fasting blood glucose test. Two abnormal test results on two different days are necessary for the diagnosis of diabetes.

All women, even if screening measurements are normal, should be scheduled for the lifestyle education intervention and annual screening assessment at 11 to 18 months following the initial screening assessment.

| Blood Glucose Classification & WISEMOAN Services | | | |
|--|-----------------------------------|---|---|
| Classification | Blood Glucose mg/dL | WISEWOMAN | * ADA Clinical Practice Guidelines - Treatment |
| Desirable | FPG < 100 | ♥ LSI | |
| Pre-diabetes Impaired Fasting Glucose (IFG) | FPG ≥ 100, but < 126 | LSIMedical referral if high risk. | |
| Diabetes | FPG ≥ 126 Casual ≥ 200 | ▼ Rescreen on different day ▼ LSI ▼ Medical referral for confirmed new diabetes. | Medical evaluation and treatment based on ADA guidelines, including drug therapy if needed. |
| ALERT | FPG or Casual > 275 or < 50 | ▼ Refer for immediate (< 7 days) medical evaluation and treatment ▼ Track and report date of medical evaluation and treatment ▼ Case Management ▼ LSI | ≥ 190 160-189 Optional |

^{*} Federal WISEWOMAN legislation excludes use of funds for medical treatment.

NOTE:

Although treatment services, including diabetes education and medical nutrition therapy are not reimbursable through the WISEWOMAN program, providers are responsible for assuring that women receive assistance with access to the recommended medical evaluation and treatment, including low- or no-cost prescription medications.

All women with elevated values should be instruction on goals for blood glucose levels.

Original Effective Date: 1/18/2006

State of Missouri Consensus Screening Guidelines for Pre-diabetes and Diabetes in a Medical Setting

Developed by the Diabetes Screening Guidelines Work Group and supported by the Missouri Association of Health Plans Education and Research Foundation and the Missouri Department of Health and Senior Services

AND No risk factors Normal weight (skip to step 4) The purpose of screening is to identify persons previously not diagnosed with pre-diabetes or diabetes. To **Every 3 Years** Adults >45 Consensus Panel Recommendations: Although the entire Missouri population is at risk for diabetes, current evidence is insufficient to recommend for or against routinely screening asymptomatic effectively utilize resources, screening efforts should be directed to individuals exhibiting risks for diabetes as outlined below. Additional research is needed to determine effective approaches for .100-125 mg/dL (may indicate pre-diabetes)
.≥126 mg/dL (may indicate diabetes)
.2 hrs. after 75g glucose, value is ≥140-199 (pre-diabetes); ≥200 (diabetes) Delivered a baby weighing >9 lbs. or has been diagnosed with Gestational Diabetes Screen as in 1 through 3 Clinical conditions associated with insulin resistance (e.g., acanthosis nigricans) Dyslipidemia

– HDL cholesterol <35 mg/dl (0.90 mmol/l) and/or triglyceride level Results Normal Previous impaired glucose tolerance (IGT) or impaired fasting glucose (IFG) Physical inactivity (<30 min. of moderate activity 5+ days/week or <20 min. OR 1 risk factor below BMI >25 kg/m² Adults >45 Annually Family history of diabetes (especially 1st degree relatives) REQUIRES ADDITIONAL TESTING IF: High risk ethnic population (see list under children) Polycystic Ovary Syndrome (PCOS) AND 1 risk factor below vigorous activity 3+ days/week) Hypertension (≥140/90 mmHg) Adults 18-45 years Repeat tests on subsequent day to diagnose
 Implement treatment plan including lifestyle modification
 Screen for other Cardiovascular Disease Risk Factors; History of vascular disease BMI >25 kg/m² >250 mg/dl (2.82mmol/l) OTHER RISK FACTORS Annually >150 mg/dL >130/85 mmHg ≤40 mg/dL Results Abnormal · Impaired Glucose Tolerance (IGT) Fasting Plasma Glucose (FPG). · Fasting Plasma Glucose (FPG). · Fasting Triglycerides Blood Pressure (includes children if in puberty) SCREENING TESTS Children/Adolescents AND Two (2) Risk Factors >85th percentile for age & Hispanic American, Asian/South Pacific Islander Signs of insulin resistance (acanthosis nigricans, hypertension, or Weight is >120% of 10-17 years **Every 2 Years** or >85th percentile individuals for type 2 diabetes, impaired glucose tolerance, or impaired fasting glucose. weight for height AND ideal for height Race ethnicity (Native American, African American, Family history of type 2 diabetes (1st/2nd degree); BMI is: dyslipidemia, polycystic ovary syndrome) 4 TWO (2) OF THE FOLLOWING: unless onset of puberty Routine screening NOT Children <10 has occurred. IF SO, recommended screening in venues outside the medical setting. Other Risk Factors Screening Tests Results/Action Overweight Frequency 1. Age ri က 5 4 ø,

Reference: American Diabetes Association Standards of Medical Care in Diabetes, Diabetes Care 28:S5-S7, 2005.

Medication Access

WISEWOMAN funds cannot be used for treatment services, including prescription medications or follow-up office visits with the purpose of monitoring and adjusting medications. Although WISEWOMAN cannot fund treatment, providers are required to have a system in place to assist women in receiving treatment, including medications, recommended by national guidelines. The following table provides resources for discounted or free medications.

NOTE:

Providers are encouraged to contact any major retail chain pharmacies in their area for information on low-cost generic medications.

| Patient and Physician Resources for Discounted & Free Medication | | | |
|--|--|--|--|
| Resource | Description | Contact Information | |
| Missouri RX Plan (MoRx) | MoRx is Missouri's State Pharmacy Assistance Program. MoRx was created by the 93rd General Assembly to provide prescription drug assistance to Missourians in need by coordinating benefits with Medicare's (Part D) Prescription Drug Program. | http://www.morx.mo.gov | |
| 340B Drug Discount Program | A Health Resources and Services Administration program that gives certain federally funded grantees access to low-cost pharmaceutical drugs. | http://www.hrsa.gov/opa/introduc tion.htm | |
| Rx Assist | A Web site developed by Volunteers in Health Care, a program of the Robert Wood Johnson Foundation, to provide health care practitioners with information on how to access programs that offer a limited supply of free or low-cost medications. | http://www.rxassist.org/ | |
| Rx Hope | A free program that helps physicians' offices apply for, obtain, and track requests for no-cost medications offered by federal, state, and charitable organizations. | https://www.rxhope.com/ | |
| The Medicine Program | A program that helps clients apply to pharmaceutical companies' indigent patient programs. | http://www.freemedicineprogra m.org/ | |

Links are provided solely as a service and do not constitute endorsements of these organizations or their programs.

Overweight and Obesity

Assessment and treatment guidelines for overweight or obese WISEWOMAN clients are based on *The Surgeon General's Call To Action To Prevent and Decrease Overweight and Obesity*.

Health Consequences of Obesity

Those who are overweight or obese are at a greater risk for the following health conditions:

Premature Death:

- ▼ Individuals who are obese have a 50 to 100 percent increased risk of premature death from all causes, compared to individuals with a healthy weight.
- ▼ An estimated 300,000 deaths per year may be attributable to obesity.
- ▼ The risk of death rises with increasing weight.
- ♥ Even moderate weight excess (10 to 20 pounds for a person of average height) increases the risk of death, particularly among adults aged 30 to 64 years.

Heart Disease:

- The incidence of heart disease is increased in persons who are overweight or obese.
- High blood pressure is twice as common in adults who are obese than in those who are at a healthy weight.
- Obesity is associated with elevated triglycerides and decreased HDL cholesterol.

Diabetes:

- ▼ A weight gain of 11 to 18 pounds increases a person's risk of developing type 2 diabetes to twice that of individuals who have not gained weight.
- ▼ More than 80 percent of people with diabetes are overweight or obese.

Cancer:

- Overweight and obesity are associated with an increased risk for some types of cancer including endometrial (cancer of the lining of the uterus), colon, gallbladder, prostate, kidney and postmenopausal breast cancer.
- ♥ Women gaining more than 20 pounds from age 18 to midlife double their risk of postmenopausal breast cancer, compared to women whose weight remains stable.

Breathing Problems:

- Obesity is associated with a higher prevalence of asthma.
- Sleep apnea is more common in obese persons.

Arthritis:

▼ For every two-pound increase in weight, the risk of developing arthritis is increased by nine (9) to 13 percent.

Reproductive Complications:

- ▼ In addition to many other complications, women who are obese during pregnancy are more likely to have gestational diabetes and problems with labor and delivery.
- ♥ Obesity in premenopausal women is associated with irregular menstrual cycles and infertility.

Additional Health Consequences:

- Overweight and obesity are associated with increased risks of gall bladder disease, incontinence, increased surgical risk, and depression.
- Obesity can affect the quality of life through limited mobility and decreased physical endurance as well as through social, academic, and job discrimination.

Benefits of Weight Loss

- ♥ Weight loss, as modest as five (5) to 15 percent of total body weight in a person who is overweight or obese, reduces the risk factors for some diseases, particularly heart disease.
- ▼ A person with a Body Mass Index (BMI) above the healthy weight range may benefit from weight loss, especially if he or she has other health risk factors, such as high blood pressure, high cholesterol, smoking, diabetes, a sedentary lifestyle, and a personal and/or family history of heart disease.
- Weight loss can result in lower blood pressure, lower blood sugar, and improved cholesterol levels.

Body Mass Index (BMI) Calculation

Height and weight measurements for determining BMI are to be obtained at the Show Me Healthy Women screening office visit. BMI is calculated using the following formula. Use the BMI chart (refer to page 7.21) or a BMI wheel for quick BMI assessment. Below is a BMI calculator web address: http://www.nhlbi.nih.gov/guidelines/obesity/bmi_tbl.htm.

$$BMI = \frac{\text{Weight (kg)}}{\text{Height squared (m}^2)}$$

$$BMI = \frac{\text{Weight (lbs)}}{\text{Height squared (in}^2)} \times 703$$

| | | J | | | | | | | | ۱ | | | | | | | | | | | | | | 1 | | | | ı | i | i | ı | ۱ | ı | |
|----|---------|-----------------|---------------------|-----------------|-----|-----|---------|----------|-----|-----|-------|-------|--------------|---------|--------|----------------------|---------|---------|-------|-------|--------|-------|---------|-------|---------|-----------------|-------|-------|-------|-------|-------|-------|-----|-----|
| | | Nor | Normal | | | | Ove | erweight | ght | | | ō | Obese | | | | | | | | | | Ä | trem | e Or | Extreme Obesity | | | | | | | | |
| 20 | 400 | 12 | 22 | 23 | 54 | 52 | 56 | 27 | 28 | 59 | 30 | 31 | 32 3 | 33 3 | 34 3 | 35 3 | 36 37 | 7 38 | 33 | 40 | 0 41 | 45 | 2 43 | 44 | 1 45 | 5 46 | 47 | 48 | 49 | 20 | 51 | 52 | 53 | 54 |
| | | | | | | | | | | | | | | B | M Vpc | Body Weight (pounds) | nod) | (spu | | | | | | | | | | | | | | | | |
| 96 | | 100 | 105 | 100 105 110 115 | | 119 | 124 | 129 | 134 | 138 | 143 | 148 1 | 153 1 | 158 16 | 162 16 | 167 17 | 172 17 | 177 181 | 1 186 | 191 | 11 196 | 6 201 | 1 205 | | 210 215 | 5 220 | 0 224 | 1 229 | 9 234 | 4 239 | 9 244 | 1 248 | 253 | 258 |
| 66 | | 104 109 | | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 1 | 153 1 | 158 1 | 163 16 | 168 17 | 173 17 | 178 18 | 183 188 | 8 193 | 3 198 | 8 203 | 3 208 | 8 212 | 2 217 | 7 222 | 2 227 | 7 232 | 2 237 | 7 242 | 2 247 | 7 252 | 2 257 | 262 | 267 |
| 9 | 102 | | 112 | 107 112 118 123 | | 128 | 133 | 138 | 143 | 148 | 153 1 | 158 1 | 163 1 | 168 17 | 174 17 | 179 18 | 184 18 | 189 194 | 4 199 | 9 204 | 4 209 | 9 215 | 5 220 | 0 225 | 5 230 | 0 235 | 5 240 |) 245 | 5 250 | 0 255 | 5 261 | 1 266 | 271 | 276 |
| = | 90 | 100 106 111 116 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 1 | 164 1 | 169 1 | 174 180 | 30 18 | 185 19 | 190 19 | 195 201 | 1 206 | 6 211 | 1 217 | 7 222 | 2 227 | 7 232 | 2 238 | 8 243 | 3 248 | 3 254 | 4 259 | 9 264 | 4 269 | 9 275 | 280 | 285 |
| = | 60 | 109 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 1 | 169 1 | 175 1 | 180 18 | 186 19 | 191 19 | 196 20 | 202 207 | 7 213 | 3 218 | 8 224 | 4 229 | 9 235 | 5 240 | 0 246 | 6 251 | 1 256 | 3 262 | 2 267 | 7 273 | 3 278 | 3 284 | 289 | 295 |
| - | 13 | 113 118 124 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 1 | 175 1 | 180 1 | 186 19 | 191 19 | 197 20 | 203 20 | 208 214 | 4 220 | 0 225 | 5 231 | 1 237 | 7 242 | 2 248 | 8 254 | 4 259 | 9 265 | 5 270 | 3 278 | 8 282 | 2 287 | 7 293 | 299 | 304 |
| - | 110 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 1 | 180 | 186 1 | 192 197 | | 204 20 | 209 21 | 215 221 | 1 227 | 7 232 | 2 238 | 8 244 | 4 250 | 0 256 | 6 262 | 2 267 | 7 273 | 3 279 | 9 285 | 5 291 | 1 296 | 302 | 308 | 314 |
| - | 20 | 120 126 132 | 132 | 138 144 | 144 | 150 | 156 | 162 | 168 | 174 | 180 1 | 186 1 | 192 1 | 198 20 | 204 21 | 210 21 | 216 22 | 222 228 | 8 234 | 4 240 | 0 246 | 6 252 | 2 258 | 8 264 | 4 270 | 0 276 | 6 282 | 2 288 | 3 294 | 4 300 | 306 | 3 312 | 318 | 324 |
| | 124 | 130 | 130 136 142 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 1 | 192 1 | 198 2 | 204 21 | 210 21 | 216 22 | 223 22 | 229 235 | 5 241 | 1 247 | 7 253 | | 260 266 | 6 272 | 2 278 | 8 284 | 4 291 | 1 297 | 2 303 | 3 309 | 3 315 | 322 | 328 | 334 |
| | 121 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 2 | 204 2 | 211 21 | 217 22 | 223 23 | 230 23 | 236 242 | 2 249 | 9 255 | 5 261 | 1 268 | 8 274 | 4 280 | 0 287 | 7 293 | 3 299 | 306 | 3 312 | 2 319 | 9 325 | 331 | 338 | 344 |
| | 31 | 131 138 144 | 4 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 2 | 203 2 | 210 2 | 216 22 | 223 23 | 230 23 | 236 24 | 243 249 | 9 256 | 6 262 | 2 269 | 9 276 | 6 282 | 2 289 | 9 295 | 5 302 | 2 308 | 3 315 | 5 322 | 2 328 | 3 335 | 341 | 348 | 354 |
| | 35 | 142 | 128 135 142 149 155 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 2 | 209 2 | 216 2 | 223 23 | 230 23 | 236 24 | 243 250 | 50 257 | 7 263 | 3 270 | 0 277 | 7 284 | 4 291 | 1 297 | 7 304 | 4 311 | 1 318 | 3 324 | 4 331 | 1 338 | 3 345 | 351 | 358 | 365 |
| | 139 | 146 | 132 139 146 153 160 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 2 | 216 2 | 222 2 | 229 23 | 236 24 | 243 25 | 250 257 | 57 264 | 4 271 | 1 278 | 8 285 | 5 292 | 2 299 | 908 6 | 6 313 | 3 320 | 0 327 | 7 334 | 1 341 | 1 348 | 3 355 | 362 | 369 | 376 |
| | 43 | 136 143 150 157 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 2 | 222 2 | 229 2 | 236 24 | 243 2E | 250 257 | | 265 272 | 2 279 | 9 286 | 6 293 | 3 301 | 1 308 | 8 315 | 5 322 | 2 329 | 9 338 | 3 343 | 3 351 | 1 358 | 3 365 | 372 | 379 | 386 |
| | 140 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 2 | 228 2 | 235 2 | 242 25 | 250 25 | 258 26 | 265 27 | 272 279 | 9 287 | 7 294 | 4 302 | 2 309 | 9 316 | 6 324 | 4 331 | 1 338 | 8 346 | 353 | 3 361 | 1 368 | 3 375 | 5 383 | 390 | 397 |
| | 51 | 144 151 159 | 166 | 174 | 182 | 189 | 197 | 204 | 212 | 219 | 227 2 | 235 2 | 242 2 | 250 2E | 257 26 | 265 27 | 272 28 | 280 288 | 8 295 | 5 302 | 2 310 | 0 318 | 8 325 | 5 333 | 3 340 | 0 348 | 8 355 | 2 363 | 3 371 | 1 378 | 3 386 | 393 | 401 | 408 |
| ~ | 22 | 163 | 148 155 163 171 179 | | 186 | 194 | 202 | 210 | 218 | 225 | 233 2 | 241 2 | 249 2 | 256 26 | 264 27 | 272 28 | 280 287 | 37 295 | 5 303 | 3 311 | 1 319 | 9 326 | 6 334 | 4 342 | 2 350 | 0 358 | 8 365 | 5 373 | 3 381 | 1 389 | 968 6 | 3 404 | 412 | 420 |
| = | 90 | 168 | 152 160 168 176 184 | | 192 | 200 | 208 216 | | 224 | 232 | 240 2 | 248 2 | 256 2 | 264 27 | 272 27 | 279 287 | | 295 303 | 3 311 | 1 319 | 9 327 | 7 335 | 5 343 | 3 351 | 1 359 | 9 367 | 7 375 | 383 | 3 391 | 1 399 | 9 407 | 415 | 423 | 431 |
| - | 161 | 470 400 400 | 00 | 000 | 100 | 1 | 3 | | | | | | Carlo Period | | | | | | | | | | | | | | | | | | | | | |

Source: Adapted from Clinical Guidelines on the Identification, Evaluation, and Treatment of Overveight and Obesity in Adults: The Evidence Report.

Show Me Healthy Women & WISEWOMAN Provider Manual

WISEWOMAN Lifestyle Education

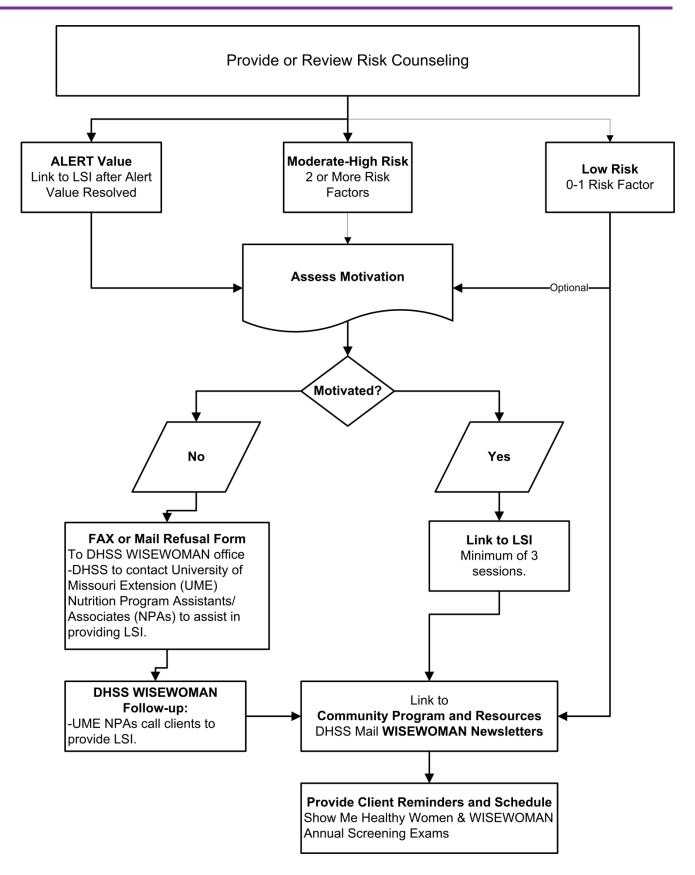
| LIFESTYLE INTERVENTION FLOW CHART | 8.1 |
|---|------|
| LIFESTYLE EDUCATION INTERVENTION | 8.2 |
| LIFESTYLE EDUCATION INTERVENTION SESSION COMPONENTS | 8.4 |
| MOTIVATIONAL INTERVIEWING TECHNIQUES | 8.8 |
| STAGES OF CHANGE | 8.10 |
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WISEWOMAN LSI Flow Chart



WISEWOMAN: Lifestyle Education Intervention

WISEWOMAN's mission is to provide clients with the knowledge, skills and opportunities to improve their diet, physical activity and other life habits to reduce their risk of heart disease and stroke.

Providers must ensure that WISEWOMAN clients have access to lifestyle education interventions (LSI). If unable to deliver the LSI, a referral provider must be identified by the provider and approved by Missouri's WISEWOMAN program.

LSI should occur only after the initial or annual screening assessment has been completed to allow for consistent evaluation of program services. The clients' screening must be current to qualify for LSI reimbursement.

WISEWOMAN LSI is considered prevention education. Because medical nutrition therapy and diabetes education services are considered treatment services, they may not be reimbursed by WISEWOMAN.

Lifestyle Risk Behaviors

- Poor nutrition, including low intake of fruits and vegetables, high calorie intake and high intake of saturated and trans fats, increases the risk of heart disease and stroke. Poor nutrition contributes to overweight and obesity, high blood pressure, high cholesterol and type 2 diabetes, which all increase the risk of heart disease and stroke.
- Physical inactivity significantly increases risk for heart disease and stroke. Regular physical activity helps to control weight and decreases risk of high blood pressure and diabetes.
- Smoking and use of other tobacco products is the leading cause of preventable death in the United States. Smoking is a major risk factor for heart disease and stroke.

Educator Requirements

- Registered dietitians or other trained health educators, including University Extension nutrition specialists or Nutrition Program Associates/Assistants (NPAs), Registered Nurses, and smoking cessation counselors may serve as WISEWOMAN lifestyle educators.
- Trained lay health advisors or coaches may serve as education facilitators under the direction of a health professional listed above.

Delivery Options

- ♥ The type of education session may be either individual or group.
- ▼ The mode of delivery for individual sessions may be either face-to-face or telephone counseling.
- ▼ Individual sessions may vary in length of time from 15- to 90-minutes, billed by 15-minute intervals.
- ♥ Group sessions may be either 30- or 60-minute sessions.

Lifestyle Education Intervention Session Components

WISEWOMAN utilizes the 5-A Behavioral-Counseling Framework to plan the delivery of the LSI. Provider systems must ensure that each client receives all 5-A's: Assess, Advise, Agree, Assist and Arrange.

Activity Examples for each of the 5-A's

- Assess: Assess heart disease and stroke risk factors, lifestyle behaviors, readiness to make lifestyle behavior changes and progress made towards achieving goals.
- ▼ Advise: Provide advice based on risk status and motivation, discuss medication use and adherence, if applicable, and emphasize the benefits of behavior change.
- ▼ Agree: Obtain agreements through collaborative goal setting for lifestyle behavior change.
- Assist: Help identify strategies for overcoming barriers to developing, changing or maintaining health behaviors; assist with development of the skills and confidence necessary to successfully develop, change or maintain health behaviors; and help increase social/environmental supports.
- ▼ Arrange: Help arrange follow-up appointments and when appropriate, link to low cost community-based resources to support heart health.

Risk Counseling

- ▼ WISEWOMAN requires that screening results be given to the client both verbally and in writing.
- ▼ Risk counseling includes providing the clients with their screening results, explaining their risk of heart disease and stroke, and recommending options for reducing risk factors.
- ▶ LSI targets clients who are considered to be at moderate to high risk for heart disease or stroke. This includes alert value clients after their alert status has been medically addressed.

Assess Motivation

Motivational Interviewing (MI) techniques (refer to page 8.8) and/or readiness to change habits questions on the WISEWOMAN Assessment form (refer to page 12.35) should be used to assess clients' motivation to change lifestyle habits.

- MI techniques (refer to page 8.8) are provided to help clients establish priorities in making behavior changes.
- ▼ If the client refuses to participate in WISEWOMAN LSI, a Refusal to Participate form (refer to page 12.42) should be completed and submitted by fax or mail to the WISEWOMAN central office.

Assess Lifestyle Habits

- Physical activity, nutrition and other habits are assessed using one of the following two options:
 - 1. The habit assessment questions on the WISEWOMAN Assessment form.
 - 2. The food, physical activity and smoking assessments in A New Leaf-Choices for Healthy Living manual.
- ◆ At the first LSI, option number one is probably the better choice if the education is occurring the same day as the screening. Because the assessments in the education manual take longer to complete, it may be better for the client to complete the assessments at home prior to the second LSI.
- ♥ Before instructing clients regarding their physical activity level, ensure that they are physically able by reviewing:
 - 1. Physical activity clearance questions and arthritis questions on the WISEWOMAN Assessment form.
 - 2. The physical activity clearance checkbox on the WISEWOMAN Screening form.

Setting S.M.A.R.T. Goals (Specific, Measurable, Achievable, Realistic and Timed Goals)

▼ It is recommended that both a nutrition goal and a physical activity goal be established at each education session. The WISEWOMAN Goal Setting Worksheet (refer to page 13.18) is provided for clients to use as a reminder of the goals and strategies established. Encourage clients to place the worksheet in a location that they will see every day.

Encourage Self-Monitoring

▼ Encourage clients to chart their activities using the WISEWOMAN Goal Tracking Log (refer to page 13.20) or another form of self-monitoring, such as a journal. This log includes a monitoring chart for both fruit and vegetable intake and physical activity in steps or in minutes.

Provide Evidence-Based Information

- ▼ Educational tools and strategies provided to clients must be approved by the CDC and state WISEWOMAN program. WISEWOMAN provides the educational tools for clients at no cost to providers. The tools are to be used only for WISEWOMAN clients.
- ▼ The educational tools include A New Leaf-Choices for Healthy Living client manual, a heart-healthy cookbook, a stretch band for strength and flexibility exercises, a pedometer and an educational tool tote bag. A Spanish manual, Corazón de la Familia (Heart of the Family) is available. Nutrition and physical activity are the primary lifestyle habits targeted in the manual, but sections on diabetes prevention, smoking cessation, weight control, osteoporosis risk and stress management are also included.
- Providers may order a limited number of free Spanish and African American cookbooks through the National Heart, Lung and Blood Institute (NHLBI) at: http://www.nhlbi.nih.gov/health/healthdisp/recipes.htm.
- Additional LSI tools provided by the state WISEWOMAN program include:
 - Using Your Pedometer Handout. Provide this guide (refer to page 13.22) when giving a pedometer to clients to ensure that they will know how to use their pedometer correctly.
 - Stretch Band Handout/Guide. Provide this guide (refer to page 13.23) to clients who also received the stretch bands as an educational tool. The guide also contains stretching and cooldown components.
 - The Missouri Tobacco Quitline Card. Give this referral card to clients who smoke (refer to page 8.22). WISEWOMAN clients qualify for proactive counseling through the Missouri Tobacco Quitline.
 - The Proactive Missouri Tobacco Quitline Fax Referral form. Use the Fax Referral form for WISEWOMAN clients who use tobacco products. The client will complete and sign the form and choose a date and time that is convenient for the Quitline to contact them. Providers will fax the Referral form to the Tobacco Quitline. The Referal form gives the Quitline permission to contact the client to work on a tobacco quit plan. (Refer to page 12.44)
 - University of Missouri Extension Nutrition Program Associates/Assistants.

 WISEWOMAN has a contract with the University of Missouri Extension (UME) program for their Nutrition Program Associates/Assistants (NPAs) to assist providers in providing LSIs to WISEWOMAN clients. Clients will only be contacted by the NPAs after the provider has exhausted their attempts in contacting them. The NPAs will attempt to contact the clients to discuss healthy eating and ways to be physically active.
- ▼ Each provider is responsible for maintaining inventory records of the educational tools and ordering supplies from the central office at DHSS using the WISEWOMAN Supply Order Form (refer to page 12.31).
- ▼ A quick reference guide for LSI educators is provided in the key education messages (refer to page 8.20). Key education messages are listed with the reference page in the client manual as well as additional tools to utilize.

Provide Follow-up and Reinforcement

- ◆ After the initial LSI, provide at least two follow-up contacts with clients, either face-to-face or by telephone, to discuss progress on goals and offer support.
- ▼ An additional follow-up/reinforcement tool provided by the state WISEWOMAN program is:
 - The *HealthWise* newsletters that include information on healthy eating, nutrition, physical activity, stress reduction and mental well-being are mailed to clients semi-annually from the state WISEWOMAN program.

Social Support

- Recommend the client seek support from family and friends to assist in their healthy lifestyle changes.
- ▼ Family members are encouraged to participate in the intervention when appropriate.

Link Clients to Community Resources

- ▼ Identify community-based resources available to clients that help to assist in their healthy lifestyle changes, development, and maintenance.
- ▼ Resources can include nutrition, physical activity and tobacco cessation.
- ▼ Refer clients to appropriate community resources.

Missouri Arthritis and Osteoporosis Program Exercise and Self-Management Courses

Clients can receive a voucher for a free packet of information as well as attend a self-management or exercise course through the MAOP.



AHA Internet Resources

▼ Tools for healthy lifestyles handout is available to assist both educators and clients with access to AHA resources. If clients have access to the Internet, the AHA has many on-line resources available at www.heart.org (refer to pages 13.16).

Motivational Interviewing Techniques

Motivational Interviewing (MI) is a counseling style that helps clients increase motivation and confidence to make behavior changes. MI is very different from counseling where the instructor provides information and guidance and does the majority of the talking. MI techniques provide for an open dialogue between the educator and the client. With MI, the client talks through their feelings, motivation and ability to change. MI tools help her explore her own behaviors and find answers within.

MI creates a safe, non-threatening environment for client to discuss behavior changes. It is not judgmental or confrontational and does not accuse the client of wrongdoing or argue with her on the facts of why she needs to change. For the client who is resistant or ambivalent regarding making behavior change, MI tools help the client engage in "change talk".

Key Motivational Interviewing Communication Principles

Express Empathy

This tool helps assure the client that she is being heard and understood. It encourages the client to honestly express her feelings and experiences without fear of being judged.

Client:

"I am so tired when I get home from work and the last thing I want to do is go for a walk!"

Educator:

"It sounds to me like it is very hard for you to be physically active in the evening." Follow-up by asking permission to share ideas: "May I share with you some ways that others have been able to work physical activity into other times of the day?"

Support Self-Efficacy

This encourages the client to believe that she has within her the ability to change successfully. It instills confidence that she can make difficult changes. Educators can support the client's self-efficacy by focusing on previous successes in her life and highlighting the skills and strengths that the client already possesses or can easily learn to do.

Client:

"I purchased fresh green beans that were on sale at the market last week."

Educator:

"That's great! It's good to take advantage of sale prices to purchase vegetables in season." Follow-up by asking: "Would you like to discuss some other ideas for increasing fruits and vegetables?"

Roll with Resistance

Use this technique when clients are defensive about change. Remember that resistance is normal. Do not confront the client when it occurs. Do not challenge or reinforce it. Use it as a springboard to further explore deep-seated issues.

Client:

"My father and grandfather both smoked a pack of cigarettes a day and lived to be over 80."

Educator:

"They definitely were lucky to live to be that old. Are there other reasons you would consider to be advantages to quitting smoking? If you don't mind, I would like to share with you some reasons that others have described as reasons to quit smoking."

Develop Discrepancy

This helps the client see the difference between her core values and her behavior(s). When she recognizes that her current behavior(s) conflict with her values or interferes with her reaching her goals, she will more likely see the benefits of making behavior changes.

Client:

"My family always has desserts and fatty foods at family dinners. Preparing family favorites is our way to show how much we care about each other."

Educator:

"So eating those foods gives you comforting thoughts of family gatherings. What are the not so good things you have experienced because of eating those foods?"

Utilizing MI with the Stages of Change Model

Working from the framework of the Stage of Change model, the educator prompts the client to move toward the Action and Maintenance stages. On the next page is a table describing the Stages of Change and what you, as the educator, can say to assist the client in working through the different stages.

| Stages of Change | Motivational Interviewing Task |
|---|---|
| Pre-contemplation | |
| Client is unaware or barely aware of a problem. Client has no thoughts of changing now or in the future. | Establish a rapport with client, ask permission and build trust, express concern and keep door open for future conversations. |
| Contemplation | |
| Client is aware of the problem and is thinking about changing. Weighs the pros/cons of changing. May be unsure of what to do. | Affirm client's ambivalence and assist them to strengthen their motivation to change. Use the 0 to 10 scale to gauge where client is to make change. Help client develop confidence that they will be able to make the changes that are consistent with their values and beliefs (refer to WISEWOMAN Behavior Change Worksheet pg. 8.17). |
| Preparation | |
| Client has decided to take the steps necessary to change. Client sets reachable goals and makes specific plans. | Help the client determine the best course of action to reach goal. Discuss steps the client feels is needed to make changes and how to lower the barriers to making change. Assist client in enlisting social support. |
| Action | |
| Client modifies their behaviors, experiences and their environment to address the problem. Client is making changes. | Acknowledge that client is taking steps towards change and acknowledge difficulties for the client in the early stages of change. Assist client to identify high risk situations and help them develop coping strategies to overcome them. Be supportive throughout the process. |
| Maintenance | |
| Client stabilizes their behavior changes and engages in new behaviors. They also choose an effective support system. | Affirm client's determination for their accomplishments and their continued positive lifestyle changes. Review client's coping strategies that are being used to avoid a return to the unwanted behavior. Review long-term goals with client. |
| Relapse | |
| Client relapse will likely happen, so use it as a learning opportunity. | Help client to address the consequences of the unwanted behavior and to decide what to do next. Discuss with client the meaning of lapse/relapse and use as a learning opportunity-agree on a plan if this occurs in the future. Offer encouragement to client to get back on track. |

Motivational Interviewing Interaction Techniques

NOTE:

If the educator is doing the majority of the talking, and not the client, then MI techniques are not being used effectively.

Open-ended Questions

Open-ended questions allow the client to do most of the talking.

Reflective Listening

Reflective listening keeps the LSI client focused.

Affirmation

Affirmations recognize the client's strengths, identify progress, and supports hope and possibility.

Summary

Summaries reflect back on what the client has said, allowing for corrections.

NOTE:

For more information and resources on Motivational Interviewing for the WISEWOMAN setting, please go to:

http://www.michigancancer.org/bcccp/WiseWomanProgram/LifestyleInterventionResources.cfm.

[&]quot;What needs to happen for you to be ready to change?"

[&]quot;What has been happening since we last talked?"

[&]quot;It sounds to me that you are not quite sure you are ready to change."

[&]quot;From what you have told me, it seems that _____."

[&]quot;I know you really want to do this, and you can."

[&]quot;Let's stop and summarize what you just said. Is this right?"

[&]quot;From our discussion, it appears you would consider working on?"

[&]quot;What do you think you should do next?"

Sample Motivational Interviewing Intervention

| 1. | OP | EN THE CONVERSATION | |
|----|----|--|--|
| | a) | Introduce yourself and your role. | "-Hello, my name is with the WISEWOMAN program at |
| | b) | Confirm the reason for the visit. | -I am calling to discuss what you have been doing since our last visit. |
| | c) | Share program information/goals | -Is this a good time for you to discuss your progress on your lifestyle goals?" |
| | d) | Ask <i>permission</i> – Establish that the client is in control. | (If asked, the call will take about 10-15 minutes.) |
| 2. | NE | GOTIATE THE AGENDA | |
| | a) | Offer options. Refer to client assessments and previous goals | "-Is there any one area that you would like to focus on today?" |
| | b) | Elicit a client choice; ask permission to provide information/advice as appropriate. Present tips in the manual. | "-If it is okay with you, let's review the manual, A New Leaf, and see if there is something you would like to work on improving." |
| 3. | EX | PLORE AMBIVALENCE | |
| | a) | Ask about pros and cons of making a change. (Refer to page 8.11.) | "-Tell me some of the reasons why you might want to change |
| | | | -What are some reasons you would want things to stay the same? |
| | | | -What would need to happen for you to think about change? |
| | b) | Summarize | -From our discussion, it appears you would consider working to develop a plan to |
| | | | - Is the okay with you?" |
| 4. | | SESS AND EXPLORE CONVICTION AND INFIDENCE | |
| | a) | For both Conviction and Confidence, | Conviction |
| | | ask the client to quantify her answer for each. | "-On a scale of 0 to 10, how important is it to you to make this change? |
| | | | -Why did you pick that number?" or "Why didn't you say a?" |
| | | | Confidence |
| | | | "-On a scale of 0 to 10, how confident are you in your ability to make this change? |
| | | | Why did you pick that number?" or "Why didn't you say a?" |

| | b) | Explore | e options for change. | "-What do you think would help you move this number higher? Choose small changes, such as from a two to a four?""-If you are ready to make some changes, we can start with" |
|----|----|----------------------|--|--|
| | c) | Summa | arize | "-From our discussion, it appears you would consider working to develop a plan to Is this okay with you? |
| 5. | TA | ILOR TH | HE INTERVENTION | |
| | a) | Enhan | ce Conviction | |
| | | | permission to provide new rmation. | "-Would you be interested in hearing more about?" |
| | | ♥ Sup | port the patient's autonomy. | "-Although I would recommend that you |
| | | ♥ Ass | ist the client to: | (stop smoking), I understand that you do not choose to work atat this time. Is there |
| | | ☆ | Identify discrepancies between goals and actions. | some other area you would like to focus on at this time?" |
| | | \(\bar{\pi}\) | Clarify a values hierarchy. | "-How, if at all, does your impact your family |
| | | ☼ | Make a conscious, deliberate choice to make the change. | or your job? (or your ability to achieve your goals?)" (Example: Compare the importance of |
| | | ₩ | Identify possible rewards. | continuing current behavior to living a long life in good health.) |
| | b) | Enhan | ce Confidence | |
| | | ♥ Ass | ist client to: | "-What barriers might you encounter?" |
| | | ☼ | Identify barriers and possible solutions. | "-How might you do it?" "-Has there been a time that you have made a |
| | | ₩ | Identify/obtain resources to assist. | difficult change before?" "-How did you do it?" |
| | | ₩ | Define steps that are likely to lead to success. | • |
| | | ☼ | Recall times in the past when she has been successful in making changes. | |
| | | ☼ | Focus on progress and accept slip-ups as learning experiences rather than failure. | |
| | | ₩ | Move away from either/or frame of mind. | |
| | c) | Negoti | ate a Plan | |
| | | | ist client in establishing a goal or | "-What are your ideas for?" |
| | | goa | lls. | "-How can I help?" |
| | | | | "-What change(s), if any, do you feel you can make this next month?" |

| d) | Advise. | |
|-------|--|---|
| | Give advice only if the client asks, you ask permission or you are professionally bound. | "-Would it be okay if I shared with you some examples of how others have been successful at?" |
| e) | Encourage | "-I feel very good about your plans to" |
| f) | Summarize | "-Let me see if I understand what you have told me so far." |
| | | "-This is what I've heard you are willing to work on." |
| | | "-What have I missed?" |
| | | "-Anything you want to correct or add?" |
| | | |
| 6. CI | OSE THE CONVERSATION | |
| | Express appreciation. | "-Thank you for your willingness to talk with me about" |
| a) | | , , , |
| a) | Express appreciation. | about" "-I am confident that you will be successful at |

Lifestyle Education Intervention Sample Agendas

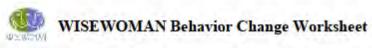
| First LSI | ☐ Complete first LSI after WISEWOMAN screening assessment is complete. | | | | | |
|---------------|--|--|--|--|--|--|
| LOI | ☐ During LSI, provide client with Risk Counseling: | | | | | |
| | Review available screening results. | | | | | |
| | Explain current risk factors for heart disease and stroke based on results and importance of taking steps to improving health. | | | | | |
| | Assess client's motivation to change by utilizing the Readiness to Change questions on the WISEWOMAN Assessment and MI Techniques (Examples include: the WISEWOMAN Behavior Change Worksheet, page 8.17 and the Circles of Change Chart, page 8.19). | | | | | |
| | Assist the client in selecting goal(s) and strategies to change lifestyle habits using MI communication tools (refer to page 8.8). Provide client with goal worksheet to document goal(s) (improved nutrition, increased physical activity, and/or smoking cessation). | | | | | |
| | ☐ Provide New Leaf manual to client and demonstrate how manual can provide tips for meeting goals (refer to Key Education Messages page 8.20). | | | | | |
| | Provide any supportive tools (tote bag, pedometer, exercise stretch band, cookbooks, etc.) to assist client in reaching her goals. | | | | | |
| | Recommend the client complete the assessments in the New Leaf manual before the next LSI. | | | | | |
| | If lab results not available, inform client they will be contacted with screening results. | | | | | |
| | ☐ Before session ends, schedule next LSI session. | | | | | |
| | Refer client to community resources as appropriate. | | | | | |
| Second LSI | Review lab results with client if not done at first LSI. Assure client understands abnormal screening results. | | | | | |
| | Assess progress on the goals established at first LSI. Use New Leaf assessments and MI techniques to help client strengthen her motivation and ability to succeed. Discuss barriers that may have occurred and identify tips and strategies to assist with goals. | | | | | |
| | Provide any supportive tools (tote bag, pedometer, exercise stretch band, cookbooks, etc.) to assist client in reaching her goals. | | | | | |
| | Confirm current goal(s) and establish new goal(s) as appropriate. | | | | | |
| | Recommend goal tracking worksheet or other method for self-monitoring. | | | | | |
| | ☐ Before session ends, schedule next LSI session. | | | | | |
| | Refer client to community resources as appropriate. | | | | | |

| Third LSI | Assess progress on the goals established at first LSI. Use New Leaf assessments and MI techniques to help client strengthen her motivation and ability to succeed. Discuss barriers that may have occurred and identify tips and strategies to assist with goals. |
|--------------|---|
| | Provide any supportive tools (tote bag, pedometer, exercise stretch band, cookbooks, etc.) to assist client in reaching her goals. |
| | ☐ Confirm current goal(s) and establish new goal(s) as appropriate. |
| | Recommend goal tracking worksheet or other method for self-monitoring. |
| | ☐ Before session ends, determine follow-up plan. (i.e., additional LSI, newsletters, etc.) |
| | Refer client to community resources as appropriate. |



WISEWOMAN Behavior Change Worksheet





| Pros Benefits to Change | | | Cons Barriers to Change | | | |
|---|---------------|------------------|----------------------------|-----------|-----------|----------------|
| How ready are you? | | _ | | | | |
| On this scale of 0 – 10, w lifestyle behavior? | ith 10 being | very willing, ho | w ready a | re you to | o make a | change in this |
| 012 | _34_ | 56 | 7 | 8 | 9 | 10 |
| Not at all | | mewhat | | | Ver | |
| Why didn't you choose a What would help to make (Optional questions) | | | | | | |
| How willing are you? | • | | | | | |
| On this scale of 0 – 10, v make a change in this life 012 | style behavio | r? | | | | |
| Not at all | | mewhat | | | Very | |
| Why did you answer that Why didn't you choose a What would help to make | (lower #) | or(highe | #)? | | | |
| How confident are yo | ou? | | | | | |
| On this scale of 0 – 10, w this lifestyle behavior, ho | | | | | ide to ma | ke a change in |
| 012 | _34_ | 56_ | 7 | 8 | 9 | 10 |
| | | ewhat | | | Very | |
| Not at all | Juli | ewnat | | | | |

WISEWOMAN Circles of Change

The Circles of Change Chart is a valuable motivational tool for both the provider and for the client. The chart involves both the provider and client in a collaborative exercise that maximizes client choices. The chart illustrates a range of healthy behaviors that the provider and the client feel are important. It is a menu of possibilities for the client to focus upon.

Before introducing the chart to your client, ask permission first. Remember that asking for permission is a powerful counseling tool. It helps the provider focus on the client, encourages the client to take an active role in the conversation and helps to minimize the possibilities of resistance from the client. Asking permission can imply that the client does have choices and will more likely initiate a behavior change. The client is more likely to hear and accept the provider's advice if permission has been given.

An example on how to introduce the Circles of Change Chart to clients

"Would it be ok with you if we take a look at this circle chart and discuss it? On the chart are some things that affect your health. Would you be interested in exploring with me some of these topics? The blank circles in the chart are for any other things you think might be of a greater concern to you today. What would you like to talk about today? You are the best judge of what to consider changing."

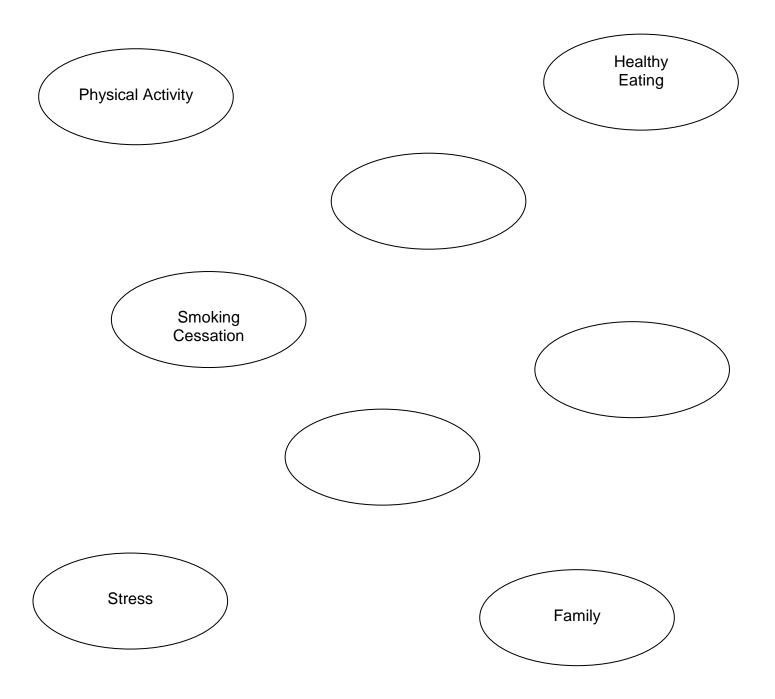
When working with the clients, do not use the Circle of Change Chart as a checklist. This could lead to the client prematurely focusing on one behavior. Using the chart as a checklist also loses the spirit and intent of motivational interviewing.

Adapted from the document, USDA WIC WORKS Motivational Interviewing.



WISEWOMAN Circles of Change Chart





Key Education Messages

| Health Behavior | Education Resource | | | |
|---|--|--|--|--|
| Smoking Cessation | A New Leaf - Choices for Health Living manual references are listed after suggestions. | | | |
| Assess smoking habits. Quit smoking. | ▼ Smoking & Quitting Assessment and Tips: 1.1-3 ▼ The Missouri Tobacco Quitline: 1.800.784.8669 | | | |
| Nutrition | | | | |
| Eat more fruit and veggies: More matters! Eat five-to-nine servings of fruits and vegetables. | ▼ Vegetable and Fruit Tips: A.11 ▼ Focus on Fruits and Vegetables: B.6 ▼ Keep the Beat Heart Healthy Recipes or other cookbook | | | |
| Reduce intake of saturated fat, trans fat, and cholesterol. | ▼ Red Meat, Poultry and Fish Tips: A.14-15 ▼ Milk and Dairy Food Tips: A.16 ▼ Topping, Oil, Seasoning, and Salt Tips: A.17 ▼ Know Your Fats: B.11 ▼ Understanding Cholesterol: B.13 ▼ Keep the Beat Heart Healthy Recipes or other cookbook | | | |
| 3. Control how much you eat. | ♥ How Much Can I Eat?: B.14 ♥ Healthy Weight Tip Sheets: E.3 ♥ Choosing How Much to Eat: G.7 | | | |
| 4. Understand how to read food labels. Know what the food you eat is made of: a. 4 grams of sugar = 1 teaspoon of sugar b. 5 grams of fat = 1 teaspoon of fat | ▼ Read the Label!: B.17 ▼ Keep the Beat Heart Healthy Recipes or other cookbook | | | |
| Nutrition Barriers | What Makes it Hard to Eat Healthy?: A.21 Hot Tips for Healthy Eating: A.23 Fast Food Facts: B.19 Eating Healthy on a Budget: B.23 Cooking for One or on the Run: B.25 | | | |
| Physical Activity | | | | |
| Moderate physical activity for 30-minutes or longer for five or more days per week (may be in ten minute intervals). Moderate activity causes small increases in breathing or heart rate. Examples include brisk walking, bicycling, vacuuming, or gardening. | ♥ Physical Activity Tip Sheets: C.9 ♥ Being More Tip Sheets: C.15 ♥ Walking: It's Easy!: D.7 ♥ Pedometer ♥ Goal-Tracking Log | | | |
| Strength and flexibility activities improve physical fitness and assists in maintaining independence in physical mobility as we age. | ▼ Strength Training Tips: C.12 ▼ Stretching Tips: C.12 ▼ Stay Strong and Flexible: D.9 ▼ Exercise Band | | | |
| Physical Activity Barriers | What Makes It Hard to Keep Active?: C.13 Being More Active: C.15 What Limits Your Activity?: C.19 Being Active with Physical Limitations: C.21 | | | |

Smoking Cessation Assessment and Counseling

Smoking cessation assessment and counseling is based on Brief Strategies to Help the Patient Willing to Quit Tobacco Use – The "5 – As." American Medical Association, 2000.

WISEWOMAN encourages clients who smoke to utilize the free services of the Missouri Tobacco Quitline and free or low cost community resources. The "5 - As" are presented here as a guide for encouraging women to take action toward smoking cessation.



| | 5 - As |
|-----------------|--|
| Step 1: Assess | Ask every client at every screening visit her tobacco-use status and document. |
| Step 2: Advise | In a clear, strong, and personalized manner, urge every woman who smokes or uses tobacco to quit. |
| Step 3: Agree | ◆ Ask each woman who uses tobacco if she will agree to make a quit attempt at this time (e.g., within the next 30 days). |
| | ☆ If she is willing to make a quit attempt at this time, provide assistance. |
| | If she clearly states she is unwilling to make a quit attempt at this time, provide motivational messages or information. |
| Step 4: Assist | Provide Missouri Tobacco Quitline link for proactive counseling and free nicotine replacement therapy. |
| | ☼ Missouri Tobacco Quitline |
| | 1.800.QUIT.NOW (1.800.784.8669) |
| | ☼ National Cancer Institute |
| | 1.877.44U.QUIT (1.877.448.7848) |
| | American Cancer Society |
| | 1.800.ACS.2345 (1.800.227.2345) |
| | American Lung Association |
| | 1.800.LUNG.USA (1.800.586.4872) |
| Step 5: Arrange | ▼ Link client to community resources that support healthy lifestyles. |

Missouri Tobacco Quitline Card



Build A Healthy Heart Be Tobacco Free

Even if you've tried to quit before, there is hope! Call the Missouri Tobacco Quitline for free counseling.

Missouri Tobacco Quitline: 1-800-QUIT-NOW (1-800-784-8669)

Mention you are a WISEWOMAN participant.



Missouri Department of Health and Senior Services



Services provided on a nondiscriminatory basis. AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Services provided on a nondiscriminatory basis. AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER.



Missouri Department of Health and Senior Services



Mention you are a WISEWOMAN participant.

Show Me Healthy Women & WISEWOMAN Provider Manual

Quality Assurance

| PERFORMANCE INDICATORS | 9.1 |
|------------------------------------|-----|
| Show Me Healthy Women Core Program | |
| WISEWOMAN Core Program | |
| QUALITY ASSURANCE | 9.3 |
| Follow-Up | |
| Provider Expectations | |







Performance Indicators

The CDC evaluates the SMHW and WISEWOMAN program's ability to meet established core program performance indicators. Performance indicators are evaluated from the MDEs submitted by DHSS every October and April. MDEs are standardized data elements which provide consistent information on patient demographics, screening results, education, diagnostic procedures and treatment information and are collected on women screened and/or diagnosed with program funds. MDE data is obtained from the history, assessment, screening and diagnostic reports entered into the MOHSAIC system.

| Indicator Type | Program Performance Indicator | CDC Standard |
|--|--|-----------------|
| Caraanina | Initial program tests; *rarely or never screened | ≥ 20% |
| Screening | Screening mammograms provided to women over age 50 | ≥ 75% |
| | Abnormal screening results with complete follow-up | ≥ 90% |
| Cervical Cancer Diagnostic Indicators | Abnormal Pap screening results (ASC-H or worse, including 'presumed abnormal'); time from screening to diagnoses > 90 days | ≤ 25% |
| | Treatment started for diagnosis of high-grade squamous intraepithelial lesion (HSIL), cervical intraepithelial neoplasia (CIN) CIN 2, CIN 3, carcinoma in situ (CIS), Invasive | ≥ 90% |
| | HSIL, CIN 2, CIN 3, CIS; time from diagnosis to treatment > 90 days | ≤ 20% |
| | Invasive carcinoma; time from diagnosis to treatment > 60 days | ≤ 20% |
| | Abnormal screening results with complete follow-up | ≥ 90% |
| Breast Cancer Diagnostic | Abnormal screening results of clinical breast exam (CBE), mammogram or ultrasound; time from screening to diagnosis > 60 days | ≤ 25% |
| Indicators | Treatment started for breast cancer | ≥ 90% |
| | Breast cancer; time from diagnosis to treatment > 60 days | ≤ 20% |

| WISEWOMAN CORE PROGRAM PERFORMANCE INDICATORS | | | | | |
|---|--|------|--|--|--|
| Indicator Type | CDC Standard | | | | |
| Screening | The number of women screened in the fiscal year will meet the number of screenings projected in the grant award. | 100% | | | |
| Blood Pressure Screening | Women who have an ALERT* blood pressure screening value will be seen by a health care provider immediately or within one week (or documentation reflects why this did not happen). | 100% | | | |
| Blood Glucose Screening | Women who have an ALERT* cholesterol screening value will be seen by a health care provider immediately or within one week (or documentation reflects why this did not happen). | 100% | | | |
| Blood Cholesterol Screening | Women who have an ALERT* blood glucose screening value will be seen by a health care provider immediately or within one week (or documentation reflects why this did not happen). | 100% | | | |
| WISEWOMAN Rescreening | WISEWOMAN participants who are seen for their SMHW annual exam 11 to 18 months after their WISEWOMAN baseline screening will receive a WISEWOMAN rescreening. | 95% | | | |
| | NOTE: Alert is defined as an abnormal screening value requiring immediate medical evaluation. (See page 7.8 for specific values.) | | | | |

Quality Assurance

The goal of the Quality Assurance (QA) program component is to assure that appropriate services are provided to each client and that program funds are utilized as required by program protocols. QA activities ensure high-quality medical standards of care are provided to women receiving SMHW and WISEWOMAN screenings, diagnostic and education services as well as referrals for treatment when appropriate.

DHSS monitors and evaluates the quality and appropriateness of client care using the following QA activities:

- Incorporating data edits in the MOHSAIC electronic reporting system that limit the reporting of inappropriate and inaccurate client service records.
- Reviewing all electronically submitted client service reports for compliance to standards of care prior to approval for reimbursement.
- Tracking all alert values (abnormal testing results) to assure clients receive appropriate diagnostic services and access to treatment, if needed.
- Performing initial on-site QA audits at each new SMHW and WISEWOMAN providers six months
 after first client is served and every two years thereafter. QA audits may be performed at any time
 deemed necessary by DHSS staff because of questionable reports (refer to page 12.8).
- Providing training and technical assistance to providers to improve quality of care based on results of QA audits.
- Evaluating client and provider expectations through customer satisfaction surveys.

Quality Assurance Follow-up

At the time of the provider's on-site review, technical assistance is provided by the RPC to clarify or demonstrate any points of confusion. The on-site review is followed by a post-review letter describing any areas needing improvement. Follow-up may be conducted to review success in instituting the recommended improvements. If the RPC determines a provider has consistently not met the program clinical standards, the provider is asked to complete a corrective action plan and typically the RPC again conducts a review in six months to ensure corrective plans have been implemented and is working to resolve the problem.

Quality Assurance Provider Expectations

QA audits will monitor providers' compliance with the following expectations:

Client Rights

- Privacy
- Confidentiality
- Access to test results
- Follow-up of medical problems through referrals, diagnosis and treatment
- Client will not be held financially responsible if identified as a SMHW client
- Access to an interpreter
- Treatment per Civil Rights Act
- Treatment per Americans with Disabilities Act

Intake and Eligibility Guidelines

- Staff knowledge of SMHW/WISEWOMAN eligibility guidelines
- Procedure to screen and identify clients
- Annual review of clients for continued eligibility

Screening and Diagnostic Protocols

- Screenings that include pelvic exam, Pap test, CBE and mammogram, if appropriate.
- Provide WISEWOMAN screenings, when available, that include two correct blood pressures, total cholesterol and HDL-C or lipid panel, blood glucose, and BMI
- Standards and protocols for follow-up.
- Procedure to track clients with abnormal results, including:
 - ✓ Name of client,
 - ✓ Test.
 - ✓ Date test completed or missed appointments rescheduled,
 - ✓ Results and that client is notified of results,
 - ✓ Referrals including tracking that appointments were kept or rescheduled,
 - ✓ Follow-up visit dates, if needed,
 - ✓ Treatment, and
 - ✓ Disposition of client status regarding follow up, refusals of treatment or diagnostic testing recommended. Report to the RPC problems with missed appointments, lost to follow-up or refusals, in a timely manner.

Clinic Management

- Staff is trained and familiar with provider guidelines
- Policy and procedures are in place for billing and filing forms
- Procedure to track amount of program funds is in place
- Maintain professionally licensed or certified staff to perform program activities
- Notify DHSS of staffing changes promptly regarding need for providing or rescinding clinic staff MOHSAIC access
- Track that clients receive screening and diagnostic results
- Track that follow-up diagnostic tests, appointments or treatment visits are attended by the client.
 If missed appointments or refusals of follow-up recommendations occur, make attempts to
 contact the client to reschedule and let the RPC know about situations regarding missed or
 refused follow up
- Programs are available for public education
- The facility is clean with appropriate space for screening
- There is an in-house plan for quality checks at regular intervals



Show Me Healthy Women & WISEWOMAN Provider Manual

Billing & Reporting Guidelines

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Billing Guidelines

The billing guidelines for the DHSS SMHW and WISEWOMAN providers outlined in this section are effective June 30, 2012 through June 29, 2013 and replace all other existing billing guidelines.

ATTENTION:

Providers are responsible for tracking their funding amounts. When 80 percent of the provider total for SMHW or WISEWOMAN funds has been expended, contact the SMHW office to request an amendment to increase funding.

Fax Request To: 1.573.522.2898 or

E-mail To: SMHW or WISEWOMAN Manager.

Provider Reimbursement Guidelines

The guidelines for provider reimbursement are in accordance with the Breast and Cervical Cancer Mortality Prevention Act of 1990, Public Law 101-354. Congress amended the NBCCEDP Public Law 10-354 in 1993 to create the WISEWOMAN Program. WISEWOMAN addresses women's risk for heart disease and stroke by providing cardiovascular disease health screenings and risk reduction lifestyle education for NBCCEDP clients. The conditions and requirements are outlined below:

- DHSS is the payer of last resort.
- DHSS reimbursements are considered payment in full.
- Service providers and their subcontractors shall not charge the client for any screening/diagnostic services reimbursable by DHSS.
- DHSS clients shall not be charged any administrative fees.
- When services other than the breast and cervical cancer screenings/diagnostics are performed, and/or the WISEWOMAN cardiovascular risk assessment, documentation shall be provided that verifies the client was notified in advance of these services and their cost.
- DHSS will cover only outpatient services.
- When a mammogram is performed in a mammogram van, the blue screening form, "Section B5
 Mammography provider facility" field should be completed, including the name of the facility
 providing the van and the word "van" by the facility name. Example: Ellis Fischel Van.
- The risk factor must be noted in section C3 Pap test results that indicate the reason an annual Pap is done. If the reason is HIV+, organ transplant, medication for severe arthritis, or DES exposure in utero, this should be noted in the comment section at the bottom of the blue form.
- When performing multiple biopsies during the same operation, only one anesthesia fee will be reimbursed.

Reasons for Denial

Resubmission for denied service will only be considered one time. Submit questions pertaining to client's data reporting form for service denied/adjusted to the DHSS by phone at 1.573.522.2845 or fax at 1.573.522.2898. Denial will be explained or reconsidered. No further resubmission will be accepted after the second denial.

Providers shall not be reimbursed under the following circumstances:

- Services are provided to ineligible women
- Standards outlined in the Provider Manual as stated in Sections 4 and 5 are not met. Examples:
 - Rescreen Pap test for ASCUS results will not be reimbursed unless there is six months between the Pap tests, unless the first pap was unsatisfactory
 - Rescreen CBE after diagnostic work-up will not be reimbursed unless the original screening CBE was abnormal
 - Liquid-based Pap test with normal results will only be reimbursed every two years until three negative Pap tests, then every three years unless the client has a personal history of cervical cancer or other high risks identified on page 4.6
- Breast and cervical screening services are incomplete
- Mammography and/or Pap test results are reported as unsatisfactory. In the case of unsatisfactory results, the test must be repeated and the results reported to SMHW
- Required data reporting forms are not submitted to SMHW within 60 days of service, with the
 exception of filing with client's insurance, which must be submitted within 30 days from receipt of
 the EOB
- If data is submitted after the closing date for grant year it cannot be reimbursed by SMHW or billed to client



Insurance Guidelines

- If the client has insurance, the provider shall first bill the client's insurance company for the services.
- Insurance EOB information can go in MOHSAIC in the comments section. Use the CPT code with amount paid or state "no payment received." If the provider cannot read the EOB, mail a copy to the SMHW office or fax to 1.573.522.2898. SMHW will check to determine if payment was made, or you may contact your RPC for assistance.

NOTE:

SMHW and WISEWOMAN will only reimburse up to the total allowed by SMHW and WISEWOMAN for that procedure.

• For detailed information about clients with insurance refer to page 3.4.

Administrative Referral Fee

An administrative referral fee can be billed for the following:

 When a SMHW client receives a screening from a clinician that is not a SMHW provider, the SMHW provider must submit to the program patient history and screening forms with screening results from the non-SMHW provider as "Reporting Only."



- Administrative referral fee will be paid one time per client, per provider, during an annual screening cycle.
- Direct billing providers may bill an administrative referral fee if the client was referred from another provider for a screening mammogram or diagnostic services.
- Bill the administrative referral fee on the Screening Report (blue form, page 12.17) or diagnostic forms.

NOTE:

If your facility bills SMHW for the screening, you cannot bill for the administrative referral fee. The reimbursement fees for SMHW office visits include the fee to complete paperwork and will be reimbursed once per annual screening cycle.

Direct Billing Diagnostic Providers

SMHW has agreements with the following medical entities, referred to as direct billing diagnostic providers, to provide diagnostic services:

- Barnes Jewish Hospital, St. Louis
- Breast Healthcare Center (Missouri Baptist Hospital), St. Louis
- Christian Northeast Hospital, St. Louis
- David C. Pratt Cancer Center (breast only), St. John's Mercy Hospital, St. Louis County
- Hannibal Clinic Operations LLC, Hannibal
- Jefferson Memorial Hospital, Crystal City
- Missouri Delta Medical Center, Sikeston
- Northeast Missouri Health Council, Edina, Milan, and Kirksville
- SSM St. Joseph Health Center (breast only), St. Charles
- SSM St. Mary's Health Center, Richmond Heights
- St. Anthony's Medical Center, St. Louis
- Truman Medical Center Hospital Hill, Kansas City
- Truman Medical Center Lakewood, Kansas City
- University of Missouri Hospital and Clinics, Ellis Fischel Cancer Center, Columbia

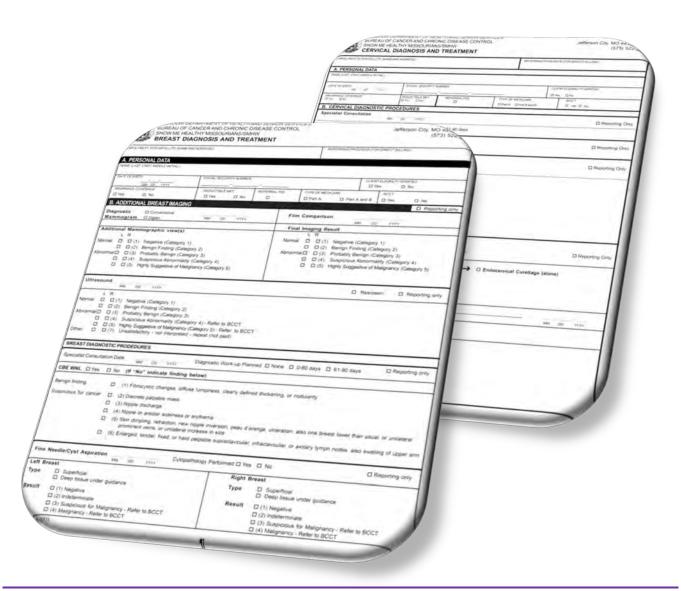
Screening/Referring Provider Responsibilities

- Verify the client's eligibility for SMHW services according to the SMHW guidelines.
- Assure that new SMHW clients complete a Patient History form (green form, page 12.14 [English] and page 12.15 [Spanish]).
- Complete/enter the Screening Report (blue form, page 12.17) with the screening results.
- Call and make the appointment for the client with the direct billing diagnostic provider. Provide copies of the enrollment history and screening forms.
- Submit Patient History and Screening Report information to SMHW as soon as possible with the appropriate billing or reporting-only information. If not, payment for both screening and diagnostic services may be delayed.
- Copies of the client's notations and procedures shall remain in the client's records.

Direct Billing Diagnostic Provider Responsibilities

- Direct billers shall retain copies of the screening provider's information in their files. The copies should include the screening results, client eligibility form and history form.
- Provide the necessary diagnostic services.
- Complete a Breast or Cervical Diagnosis and Treatment form (purple, page 12.20 or yellow, page 12.23) or a blue form (refer to page 12.17) if a screening mammogram was performed and submit data to SMHW.
- Send copies of the medical and pathology reports to the referring screening provider.

The direct billing and screening provider shall coordinate case management services of SMHW clients. This is essential for completing timely diagnostic services if appointments are not kept or promptly rescheduled.



Breast & Cervical Reimbursement Rates by CPT Code

June 30, 2012 to June 29, 2013

A CPT code followed by TC indicates technical component. A CPT code followed by number 26 indicates professional fee. All payments are based on Missouri Medicare 01 Rates.

SCREENING REPORT FORM

| | CPT Codes | SMHW Rate | | Description | |
|-----------------|--------------|--------------|--------|---|--|
| Referral Fee | | \$ | 20.00 | Only once per client per year when office visit not paid | |
| Office Visits | 99203 | \$ | 103.61 | New patient – office visit – 30 minutes, initial | |
| | 99202 | \$ | 71.27 | New patient – office visit – 20 minutes, CBE only initial | |
| | 99212 | \$ | 41.74 | Established patient – office visit – 10 minutes for repeat Pap test and CBE | |
| | 99212A | \$ | 41.74 | Established patient – office visit – 10 minutes CBE only annual | |
| | 99213 | \$ | 69.35 | Established patient – office visit – 15 minutes used for annual screening that includes CBE and Pelvic exam | |
| Mammography | 77057 | \$ | 79.45 | Bilateral screening mammography (#77057TC \$45.31 / #7705726 \$34.13) | |
| | 77055 | \$ | 85.68 | Unilateral repeat & diagnostic mammography (#77055TC \$51.55 / #7705526 \$34.13) | |
| | 77056 | \$ | 109.55 | Bilateral repeat & diagnostic mammography (#77056TC \$67.30 / #7705626 \$42.25) | |
| | G0206 | \$ | 129.65 | Diagnostic unilateral mammography – Digital (#G0206TC \$95.19 / #G020626 \$34.46) | |
| | G0204 | \$ | 164.02 | Diagnostic bilateral mammography – Digital (#G0204TC \$121.11 / #G020426 \$42.91) | |
| | G0202 | \$ | 135.89 | Screening mammography – Digital (#G0202TC \$101.42 / #G020226 \$34.46) | |
| Pap Smear & HPV | 88164 | \$ | 14.87 | Pap test, manual screening under physician supervision | |
| | 88142 | \$ | 28.51 | Pap test (thin prep), manual screening/physician supervision | |
| | 87621 | \$ | 49.39 | Papillomavirus, Human, amplified probe technique | |

BREAST FORM

| | CPT Codes | SMHW Rate | Description |
|----------------------------|--------------|---------------|--|
| Referral Fee | | \$ 20.00 | Only once per client per year when office visit not paid (Can be on any form – but one time per client per year) |
| Mammography | 77055 | \$ 85.68 | Unilateral repeat & diagnostic mammography (#77055TC \$51.55 / #7705526 \$34.13) |
| | 77056 | \$ 109.55 | Bilateral repeat & diagnostic mammography (#77056TC \$67.30 / #7705626 \$42.25) |
| | G0206 | \$ 129.65 | Diagnostic unilateral mammography – Digital (#G0206TC \$95.19 / #G020626 \$34.46) |
| | G0204 | \$ 164.02 | Diagnostic bilateral mammography – Digital (#G0204TC \$121.11 / #G020426 \$42.91) |
| Ultrasound | 76645 | \$ 87.13 | Echography, breast unilateral & bilateral (#76645TC \$60.74 / #7664526 \$26.39) |
| Specialist Consultation | 99203A | \$ 103.61 | Specialist consultation for breast |
| Fine Needle Aspiration | 10021 | \$ 143.40 | Fine needle aspiration; superficial tissue |
| | 10022 | \$ 133.94 | Fine needle aspiration; deep tissue under radiology guidance |
| | 88172 | \$ 51.77 | Cytopathology evaluation of fine needle aspirate (#88172TC \$18.41 / #8817226 \$33.36) |
| | 88173 | \$ 135.75 | Cytopathology interpretation and report of fine needle aspirate (#88173TC \$68.61 / #8817326 \$67.14) |
| | 76942 | \$ 200.17 | Ultrasound guidance for needle placement (#76942TC \$167.38 / #7694226 \$32.79) |
| Core Needle Biopsy | 19100 | \$ 147.17 | Breast biopsy, needle core not using guidance, Physician's office |
| | 19100 | \$ 68.99* | Outpatient facility setting |
| | 19102 | \$ 207.62 | Breast biopsy, needle core, using imaging guidance, Physician's office |
| | 19102 | \$ 102.88* | Outpatient facility setting |
| | 76942 | \$ 200.17 | Guidance for needle biopsy (optional) (#76942TC \$167.38 / #7694226 \$32.79) |
| | 88305 | \$ 103.03 | Pathology breast biopsy (level IV) (#88305TC \$67.30 / #8830526 \$35.73) |
| | | \$ 500.00* | Facility fee , core needle biopsy when done in an outpatient facility setting |

BREAST FORM (cont'd)

| | CPT Codes | _ | | Description | | |
|-------------------------------|--------------|----|-----------|--|--|--|
| Stereotactic Breast Biopsy | 19103 | \$ | 534.76 | Breast biopsy, automated, stereotactic | | |
| | 19103 | \$ | 192.39* | Outpatient facility setting | | |
| | 19295 | \$ | 87.97 | Image guided placement metallic localizing clip during biopsy | | |
| | 77031 | \$ | 143.16 | Stereotactic localization guidance for breast biopsy or needle placement (#77031TC \$65.00 / #7703126 \$78.15) | | |
| | 88305 | \$ | 103.03 | Pathology breast biopsy (level IV) (#88305TC \$67.30 / #8830526 \$35.73) | | |
| | | \$ | 700.00* | Facility Fee, stereotactic breast biopsy when done in an outpatient facility setting | | |
| Incisional Breast Biopsy | 19101 | \$ | 331.74 | Incisional biopsy of breast | | |
| | 19101 | \$ | 213.89* | Outpatient facility setting | | |
| | 19290 | \$ | 155.85 | Preoperative placement of needle localization wire, breast | | |
| | 19290 | \$ | 64.92* | Outpatient facility setting | | |
| | 77032 | \$ | 53.00 | Mammography guidance for placement of needle localization, wire, breast, radiological supervision and interpretation (#77032TC \$25.96 / #7703226 \$27.04) | | |
| | 76098 | \$ | 18.31 | Radiological examination, surgical specimen (#77098TC \$10.53 / #7609826 \$7.78) | | |
| | 88305 | \$ | 103.03 | Pathology breast biopsy (level IV) (#88305TC \$67.30 / #8830526 \$35.73) | | |
| | | \$ | 275.00 | General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents) | | |
| | | \$ | 1,100.00* | Facility fee, incisional breast biopsy, when done in an outpatient facility setting | | |
| Excisional Breast Biopsy | 19120 | \$ | 477.77 | Excisional biopsy of breast | | |
| | 19120 | \$ | 395.65* | Outpatient facility setting | | |
| | 19125 | \$ | 530.15 | Excisional biopsy of breast lesion identified by preoperative replacement of radiological marker | | |
| | 19125 | \$ | 440.12* | Outpatient facility setting | | |

BREAST FORM (cont'd)

| | CPT Codes | SMHW Rate | | Description | | |
|---|--------------|--------------|-----------|--|--|--|
| Excisional Breast Biopsy (cont'd) | 19290 | \$ | 155.85 | Preoperative placement of needle localization wire, breast | | |
| | 19290 | \$ | 64.92* | Outpatient facility setting | | |
| | 77032 | \$ | 53.00 | Mammography guidance for placement of needle, localization wire, breast, radiological supervision and interpretation (#77032TC \$25.96 / #7703226 \$27.04) | | |
| | 76098 | \$ | 18.31 | Radiological examination, surgical specimen (#76098TC \$10.53 / #7609826 \$7.78) | | |
| | 88307 | \$ | 228.20 | Pathology breast biopsy (level V) (#88307TC \$149.99 / #8830726 \$78.21) | | |
| | | \$ | 275.00 | General anesthesia (loss of ability to perceive pain associated with loss of consciousness produced by intravenous or inhalation anesthetic agents) | | |
| | | \$ | 1,650.00* | Facility fee, excisional breast biopsy, when done in an outpatient facility setting | | |

NOTE:

Facility fees include \$120.00 for supplies and miscellaneous costs.

* These amounts apply when service is performed in an outpatient facility setting and an additional facility fee is charged.

CERVICAL FORM

| | CPT Codes | SMHW Rate | | Description | | |
|------------------------------|--------------|--------------|--------|--|--|--|
| Referral Fee | | \$ | 20.00 | Only once per client per year when office visit not paid (Can be on any form – but one time per client per year) | | |
| Specialist Consultation | 99203A | \$ | 103.61 | Specialist consultation for cervical | | |
| Colposcopy without Biopsy | 57452 | \$ | 108.64 | Colposcopy without biopsy | | |
| Colposcopy | 57454 | \$ | 154.10 | Colposcopy with biopsy of cervix and or endocervix (Endometrial biopsy can only be paid as pathology.) | | |
| | 88305 | \$ | 103.03 | Colposcopy biopsy pathology (level IV) (#88305TC \$67.30 / #8830526 \$35.73) | | |
| Colposcopy | | | | (Endometrial biopsy can only be paid as pathe Colposcopy biopsy pathology (level IV) | | |

CERVICAL FORM (cont'd)

| | CPT Codes | SMHW Rate | Description |
|---------------------------|--------------|--------------|--|
| LEEP | 57522 | \$ 264.55 | Conization of cervix with Loop Electrode Excision Procedure (LEEP) |
| | 88305 | \$ 103.03 | LEEP biopsy pathology (level IV) (#88305TC \$67.30 / #8830526 \$35.73) |
| Cold Knife | 57461 | \$ 323.51 | Conization of cervix with cold knife |
| | 88305 | \$ 103.03 | Conization biopsy pathology (level IV) (#88305TC \$67.30 / #8830526 \$35.73 |
| Endocervical Curettage | 57505 | \$ 101.89 | Endocervical curettage (not done as part of Dilation and Curettage) |
| | 88305 | \$ 103.03 | Endocervical curettage biopsy pathology (level IV) (#88305TC \$67.30 / #8830526 \$35.73) |

ATTENTION:

Facility fees include \$120.00 for supplies and miscellaneous costs.

* These amounts apply when service is performed in an outpatient facility setting and an additional facility fee is charged.

WISEWOMAN Reimbursement Rates by CPT Code

June 30, 2012 to June 29, 2013

Reimbursements for cardiovascular screening and lifestyle education services will be based on allowable 2012 Area 1 Medicare charges.

| | CPT Codes | WW Rate | Description |
|---------------|------------------------|--------------|--|
| Office Visits | 99420W* | \$ 41.74 | Initial screening assessment and interpretation of health risk new patient integrated with SMHW office visit |
| | 99420WA* | \$ 41.74 | Annual screening assessment and interpretation of health risk established patient integrated with SMHW office visit |
| | 99201W* | \$ 41.74 | Non-integrated initial screening office visit – Ten (10) minutes, new patient prior approval from WISEWOMAN staff required |
| | 99212W* | \$ 41.74 | Non-integrated annual screening office visit – Ten (10) minutes, prior approval from WISEWOMAN staff required. |
| | 99202W* | \$ 71.27 | Diagnostic consultation office visit - 20 minutes |
| | 99203W* | \$ 103.61 | Diagnostic consultation office visit - 30 minutes |
| Lab Work | 36415 | \$ 3.00 | Routine venipuncture or finger/heel/ear stick |
| | 80061 or 80061QW*** | \$ 18.97 | Lipid Panel (TC, HDL, LDL, Triglycerides) |
| | 82465 or 82465QW*** | \$ 6.16 | Cholesterol, Serum or Whole Blood, Total |
| | 83718 or 83718QW*** | \$ 11.60 | HDL cholesterol |
| | 82947 or 82947QW*** | \$ 5.56 | Blood glucose, quantitative |
| | 83036 | \$ 13.75 | Hemoglobin A1C in lieu of other blood sugar test |
| | 82948 | \$ 4.48 | Finger stick blood sugar |

WISEWOMAN Reimbursement Rates (cont'd)

| | CPT Codes | Codes Rate | | Description | | |
|--|--------------|------------|--------|----------------------|--|--|
| Lifestyle Education Intervention (3 minimum per cycle, no limit) | 99401W* | | | 15 minute Individual | | |
| | 99402W* | \$ | 50.00 | 30 minute Individual | | |
| | 99403W* | \$ | 75.00 | 45 minute Individual | | |
| | 99404W* | \$ | 100.00 | 60 minute Individual | | |
| | 99405W* | \$ | 125.00 | 75 minute Individual | | |
| | 99406W* | \$ | 150.00 | 90 minute Individual | | |
| Group Education Classes (2 or more individuals) | 99411W* | \$ | 13.00 | Each, 30 minutes | | |
| | 99412W* | \$ | 26.00 | Each, 60 minutes | | |

 $[\]mbox{\ensuremath{^{*}}}$ "W" – WISEWOMAN services are modified from, and are not the same as, the standard CPT code.

^{** &}quot;WA" - WISEWOMAN annual screening assessment.

^{*** &}quot;QW" - Note that this service is CLIA waived.

Data Management

Data collection is essential for monitoring delivery of services and clinical outcomes of the program. SMHW and WISEWOMAN programs are required to submit reports to the CDC every six months. The CDC staff uses reported data elements to evaluate program quality and funding.

In addition to submitting standard claims information via electronic submission into the MOHSAIC data system, service providers are required to submit client data to receive payment for the claim. The goal of the data management component is to assure accurate, complete and timely reporting of screening results and use program data for planning and evaluation. The DHSS data management staff is accountable for the following:

- Providing accurate and timely submissions of MDEs to the NBCCEDP and WISEWOMAN data consultant organizations
- Collaborating with other SMHW and WISEWOMAN staff to assure and maintain quality of tracking and follow-up systems
- Establishing, maintaining and assessing linkages with relevant databases
- Establishing, maintaining and updating a data management system to regularly identify segments of the population at high risk of breast and cervical cancer
- Assessing and tracking operations on a regular basis to assure that all data are edited and managed for effective reporting, and successful monitoring of follow-up activities
- Developing a protocol system for initiating and conducting epidemiological studies on breast and cervical cancer screenings
- Conducting epidemiological studies using data from the Behavioral Risk Factor Surveillance System, provider surveys, Missouri Cancer Registry, the State Center for Health Statistics and SMHW data
- Working with other Missouri DHSS staff and academic researchers to identify and implement collaborative research projects
- Comparing baseline and follow-up data from special SMHW evaluation surveys and provider surveys to monitor progress of the project
- Determining the impact of screening and assessing the quality of demographic information on high-risk populations

Show Me Healthy Women & WISEWOMAN Provider Manual

Navigating MOHSAIC

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Electronic Submission of Client History and Reporting Forms

NOTE:

The Patient History, Screening Report, Breast Diagnosis and Treatment, Cervical Diagnosis and Treatment, WISEWOMAN Assessment and WISEWOMAN Screening forms can be accessed online at:

https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.

MOHSAIC is an online data system used to collect and manage client service records for the SMHW and WISEWOMAN programs.

MOHSAIC also tracks funding allocations and expenditures and is linked to the Statewide Advantage for Missouri (SAM II) system for reimbursing providers. Prior to reimbursement, SMHW and WISEWOMAN staff review all submitted forms to ensure client services meet program standards.

SMHW must submit MDE reports to the CDC from the reporting data forms.

How to apply for access to MOHSAIC

To apply for access to MOHSAIC, call the SMHW central office at 1.573.522.2845. Applicants will need to provide the following information:

- Full name, including the name you prefer to be called
- SSN
- Facility name
- Facility address
- County name
- Facility phone number
- Applicant's e-mail address

Applicants will receive an e-mail notification from the SMHW program in the Jefferson City office when their access has been granted.

Client Forms: How To Complete

NOTE:

The Patient History, Screening Report, Breast Diagnosis and Treatment, Cervical Diagnosis and Treatment, WISEWOMAN Assessment and WISEWOMAN Screening forms can be accessed online at:

https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.

Providers entering data are not required to fill out paper forms but must have documentation of information submitted in MOHSAIC in client files for QA review.

All forms contain a 'Comment' section. This is used for additional notes on the client or procedures entered by provider or DHSS staff. Explanations should be as brief as possible since space is limited. Comments are not mandatory, but helpful in some cases.

Client records must be submitted within 60 days of service. If waiting for insurance reimbursement/approval, forms may be submitted later. (Refer to page 10.2).

The following reporting forms can be obtained by calling 1.573.522.2845.

Patient History

Patient History Form (**green form**, available in English and Spanish, page 12.14 and 12.15) — shall be completed by each client at the initial screening visit and at every annual screening, thereafter. The provider shall enter the green form into MOHSAIC when reporting the initial screening visit and update the information each year, as needed. **The green Patient History form must be entered into MOHSAIC before any other form can be entered.**

Screening Report

Screening Report (**blue form**, page 12.17) — shall be submitted at the initial, rescreen and annual screening for all clients participating in SMHW. The first mammogram a client receives needs to be documented on the screening report.

The Screening Report **requires** completion of the following:

- 1. Client name, date of birth and SSN,
- 2. Client eligibility,
- 3. Insurance coverage and insurance deductibles,
- 4. (MO HealthNet number is automatically assigned when form is entered into MOHSAIC),
- 5. Screening services provided (CBE, mammogram, pelvic, and Pap test) and date of screening Visit type & Rescreen is only to be marked following an abnormal screening result that occurred in the prior 10 months, and
- 6. Results of screening services.

Breast Diagnosis and Treatment Form

Breast Diagnosis and Treatment Form (**purple form**, page 12.20) — shall be completed for all clients with abnormal breast cancer screening results that require further diagnostic procedures and/or treatment. If needed, diagnostic service(s), date of service(s), results of diagnostic service(s), final diagnosis and treatment (date, type and place) are also required on the purple form.

This information is crucial for the successful follow-up and/or treatment of all clients with abnormal screening results.

Cervical Diagnosis and Treatment Form

Cervical Diagnosis and Treatment (**yellow form**, page 12.23) — shall be completed for all clients with abnormal cervical cancer screening results that require further diagnostic procedures and/or treatment. If needed, diagnostic service(s), date of service(s), results of diagnostic service(s), final diagnosis and treatment (date, type, and place) are also required on the purple form.

This information is crucial for the successful follow-up and/or treatment of all clients with abnormal screening results.

WISEWOMAN Assessment

WISEWOMAN Assessment (**pink form**, page 12.35) — shall be completed for all WISEWOMAN screenings. The WISEWOMAN Assessment form shall be completed by each WISEWOMAN client. The Assessment form includes cardiovascular health history, family health history, medications, health habits, readiness to change habits, ability to participate in physical activity and follow-up contact information. Providers review the Assessment form and assist with questions as needed.

WISEWOMAN Screening Form

WISEWOMAN Screening (**pink form**, page 12.35) — shall be completed by the provider.

The WISEWOMAN Screening form is to be completed by the provider. The pink form documents screening, follow-up and lifestyle education services, including: visit type, clinical measurements, heart disease risk calculation, diagnostic office visit justification, alert and abnormal value follow-up, physical activity clearance and lifestyle intervention record shall be completed. The Risk Classification is automatically calculated when the form is entered into MOHSAIC.

NOTE -ALL FORMS:

ONLY use the "other" section if the procedure is complete. All other procedures need to be placed in the comments section.

NOTE -REIMBURSEMENT:

Providers will only be reimbursed for client services when all of the necessary information has been received within the required time period and meets screening and diagnostic guidelines. When forms are not filed in a timely manner and not paid by DHSS, the provider cannot charge the client for the provider mistake.

Navigating MOHSAIC

Lesson 1: The CLIENT

This is for the Provider or MOHSAIC Customer. In this lesson, you will learn how to:

- 1. Develop a new password
- 2. Log onto the SMHW application
- 3. Search for existing clients
- 4. View Medicaid information
- 5. Register new clients

**** TURN OFF POP-UP BLOCKERS ****

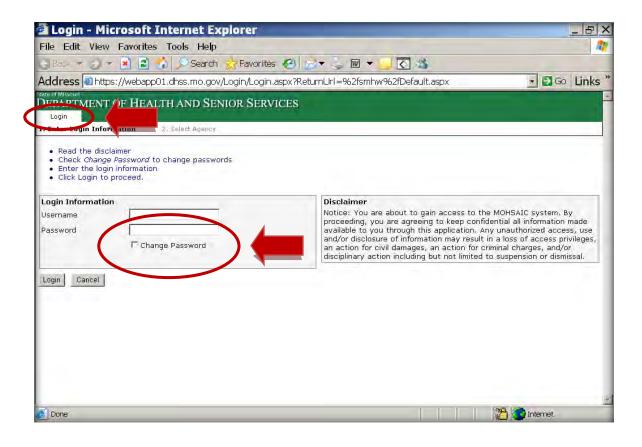
This program uses pop-up screens for data information.

Steps to Access the MOHSAIC Application and Log onto the SMHW Application Log-in Process

Open the Internet browser and enter the Web address on the address line:

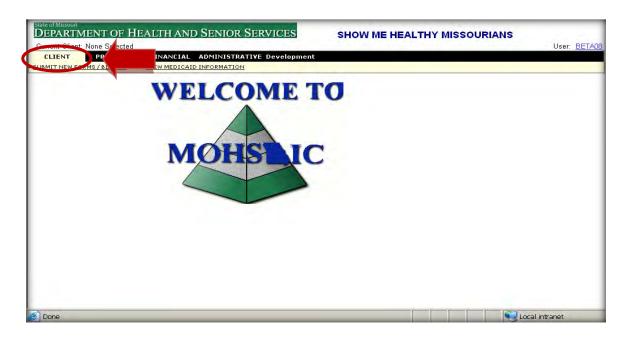
https://webapp01.dhss.mo.gov/SMHW/Default.aspx or https://webapp02.dhss.mo.gov/SMHW/Default.aspx.

- 1. If this is the first time to login, a password must be established:
 - a. Use username and assigned password provided to you by e-mail from SMHW, when approved. User name is usually the first five letters of last name and first name initial. Initial password is first and last name initials and last four digits of SSN.
 - b. Click on 'Change Password.'
 - c. If you do not login to MOHSAIC for 30 days, the system will 'lock out.' You must call the ITSD Help Desk at 1.573.751.6388 or toll free at 1.800.347.0887 to unlock and enter new password.
 - d. After a password is established, the program will ask to change your password every 60 days. This can be numbers, letters or a combination, as desired. Password requires six to eight characters and one numeric value.
- 2. Once logged in, your agency name will appear and stay constant throughout the application.
- Click the 'Login' button to proceed.



Entering or Viewing a Client

The main screen for the SMHW program appears. To enter or view a client, click on the 'Client' link on the menu bar. Choose 'Submit New Forms/Billing.'

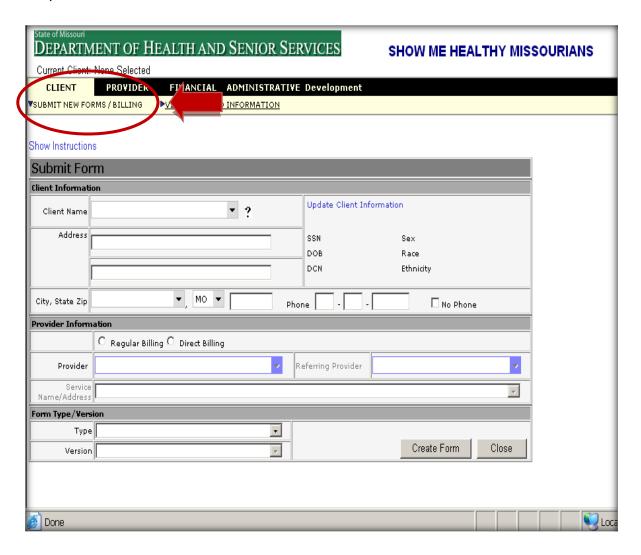


Client Search

In 'Submit New Forms/Billing Screen' under the 'Client Information' section, you either choose to 'Search and Select' or 'Register a New Client.'

Type the SSN with no spaces or hyphens; the DCN or the last and first name of the client separated by a comma (Example: Doe, Jane). Do not click return – wait until drop down menu appears.

If the screen returns more names than the screen will hold, use the scroll down bar to see the full screen. If there are more than 15 names on the screen use the double arrow at the bottom of the screen to proceed to the next search result screen.

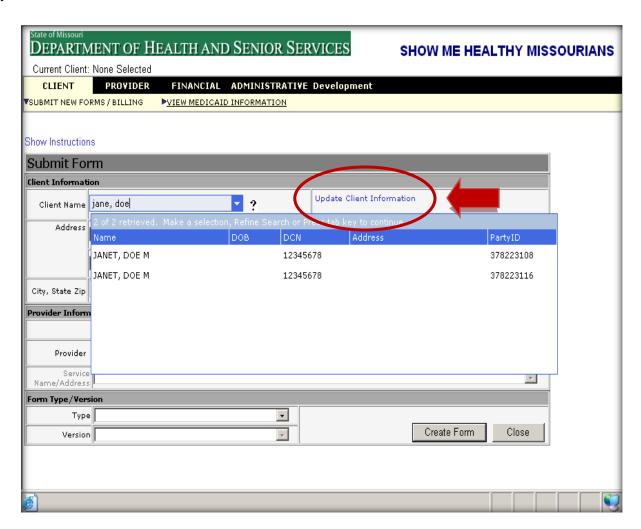


Searching for Current Client

If the client name appears, then select the correct name by clicking on it. Verify the name by checking the DOB and DCN number, if available. The client may be in the system with multiple names. Chose the name as she presents to you. If not available, select one and then correct with 'Update Client Information.'

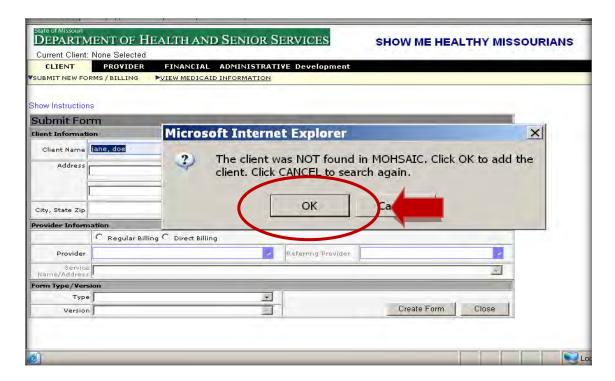
The client information screen will display the client demographic information. If any information is missing, add correct information. This will be added in the 'Update Client Information' screen.

If the client name is not in the database, this screen will say 'No Results Found.' Press the tab key to continue.



Adding a New Client

If the client name does not appear, then hit the 'enter' or 'tab' key and the message to add a new client appears. Click the 'OK' button and proceed to the 'Add Person' screen.



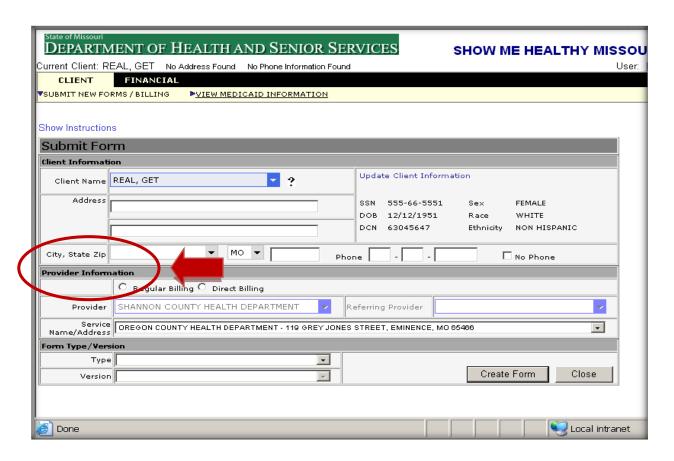
The search will check the MOHSAIC and DSS databases. If the client name is not in the system, the screen appears with the 'No results found matching search criteria.' Click the 'Create New Client on MOHSAIC' link.



Adding new client, continued

The 'Client Information' screen is displayed. The next step is to enter the address and phone number information.

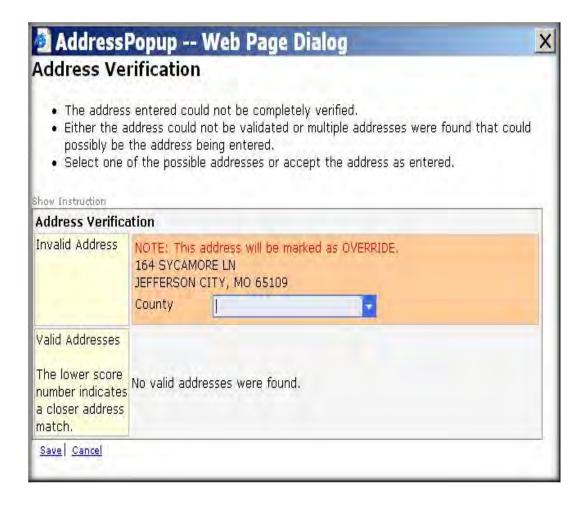
Once the information is entered then proceed to the 'Provider Information' section or view Medicaid information.



Address Verification

If the system does not recognize the address, 'Address Verification' will pop up. If the address is correct, enter the county and click "save." Or, check the address with valid address and click save.

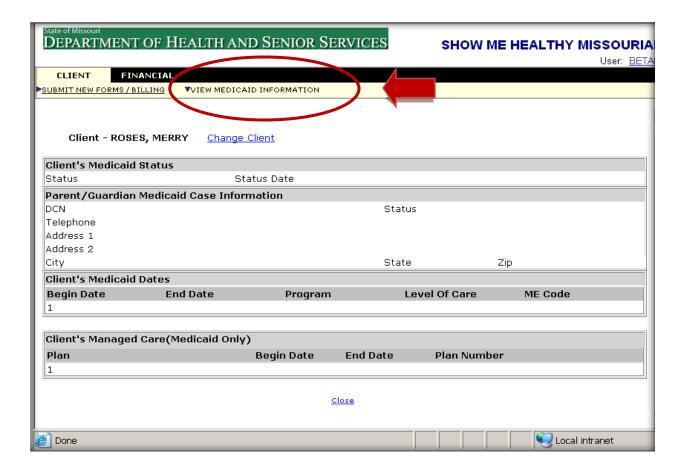
If the county and address match the database, the pop-up box will turn orange. If not, and you are sure they are both correct, call SMHW at 1.573.522.2845 to request an address fix. Normally this fix will be done overnight.



Checking for Medicare/Medicaid

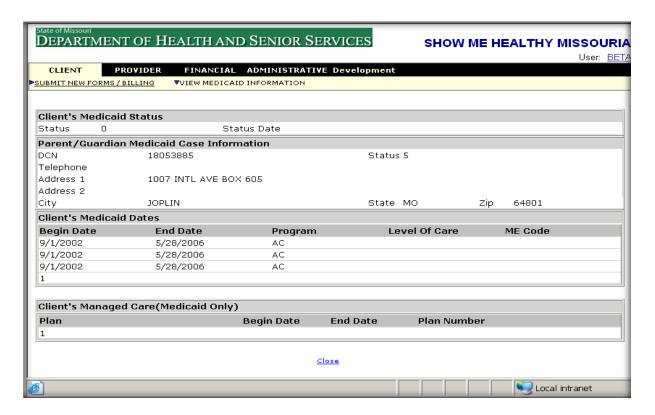
If the client name is not on Medicaid the screen will be empty. The 'View Medicaid Information' is transferred from the DSS database. This screen is read only. The screen will display the current client at the top of the screen.

If a client name is displayed at the top of the screen and she is on Medicaid, the screen will be filled in.



Checking for Medicare/Medicaid, continued

This screen shows all of the client and guardian (if applicable) information as well as the managed care information. If there is an open date but no close date, the client is on some sort of assistance.



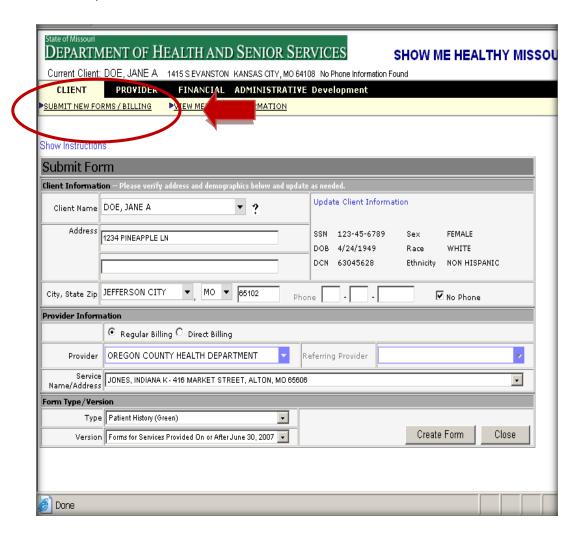
Please remember when pulling up or entering another client under client demographics to verify the client address and other personal information has been refreshed. We have encountered several forms that were entered for a different client but only the client name was changed. This leads to duplicate records in the system and result in errors on the data submitted to CDC. We are working with the ITSD staff to address this issue but until we have an update, please make sure the correct date of birth and SSN are tied to the client form that is being entered.

Entering Provider and Form Type Information

On the 'Provider Information' section, select either 'Regular' or 'Direct Billing.' If 'Direct Billing' is selected, a referring provider must be entered. Type in the provider's name. Select the appropriate provider. If 'Regular Billing' is selected, a referring provider is not necessary.

When all the information is entered in this section, proceed to the next section – 'Form Type/Version.'

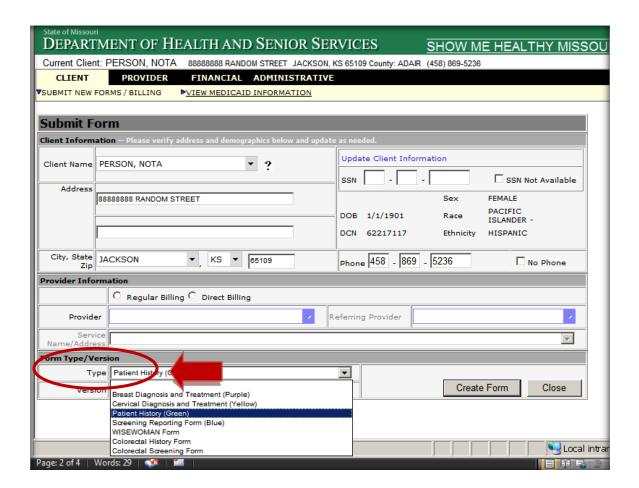
This section has two parts: a) when one of the forms is selected, the version will be filled in and b) During the first few months of the new grant year, there could be multiple versions. By default, the software automatically selects the version based on the present date. A different version can be selected with the drop down box to enter a form with a different date of service.



Entering Provider and Form Type Information continued

Under the gray heading, 'Form Type/Version', click on the correct form 'Type' for the information being submitted:

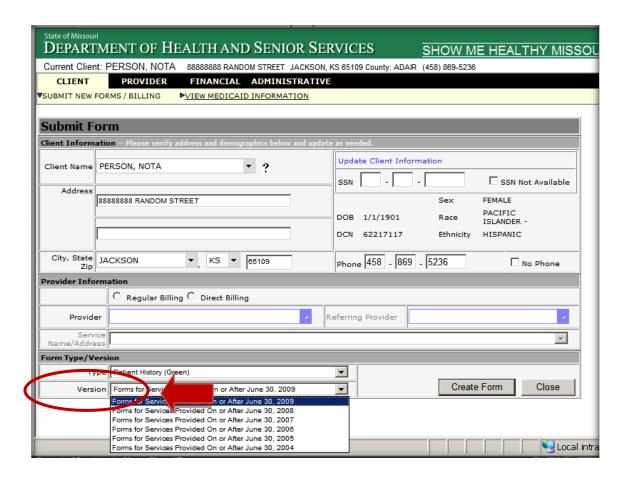
- a. Breast Diagnosis and Treatment (purple)
- b. Cervical Diagnosis and Treatment (yellow)
- c. Patient History (green)
- d. Screening Reporting Form (blue)
- e. WISEWOMAN Form (pink)



Entering Provider and Form Type Information continued

Click on the correct form 'Version': ('Forms for Services Provided On or After June 30, 20___.'). Dates must correspond with the service dates being submitted. Click on the correct form 'Version' for the information being submitted:

- a. Forms for Services Provided On or After June 30, 2011
- b. Forms for Services Provided On or After June 30, 2010
- c. Forms for Services Provided On or After June 30, 2009
- d. Forms for Services Provided On or After June 30, 2008
- e. Forms for Services Provided On or After June 30, 2007
- f. Forms for Services Provided On or After June 30, 2006



Filling Out a Form

The name is displayed before entering the data. The form on the screen is the same as the paper form. Fill in the form and click the 'Submit' button at the bottom of the screen to submit/save.

To fill in the forms you can use the mouse, tab key or the space bar. To use the mouse, click on the pull down arrow and then select the appropriate choice. If you are using the mouse for buttons, just click inside the circle. All forms work the same way.

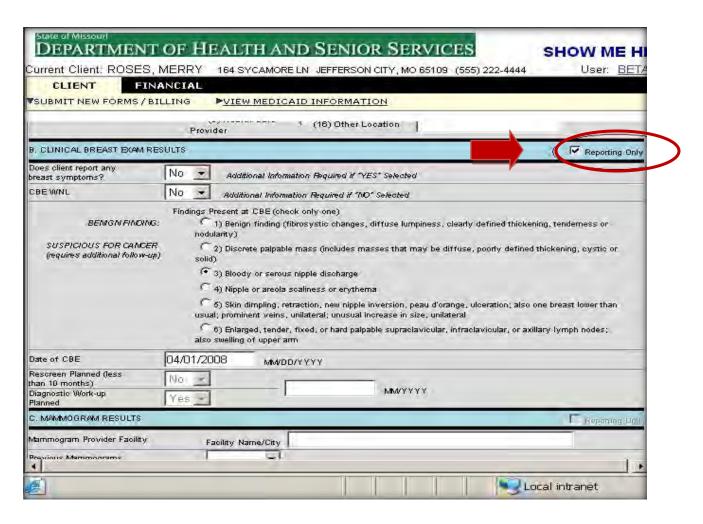
- a. If you know what is in the drop down box, then tab to the empty field and type the first letter. The word will appear.
- b. Tab to the next field.
- c. If you tab to a square radio button, then hit the space bar to fill in.
- d. Tabbing to a radio button will automatically fill in the circle when it is highlighted.



How to Complete 'Reporting Only' Process

EXAMPLE: A client who is eligible for SMHW diagnostic services is referred to your clinic from an outside provider. The client has had a breast or cervical screening/diagnostic that is suspicious for cancer. Cancer has not been diagnosed by a tissue biopsy.

- a. Verify client eligibility
- b. Have client sign SMHW Client Eligibility Agreement form
- c. Complete green History form
- d. Enter data into MOHSAIC from green History form

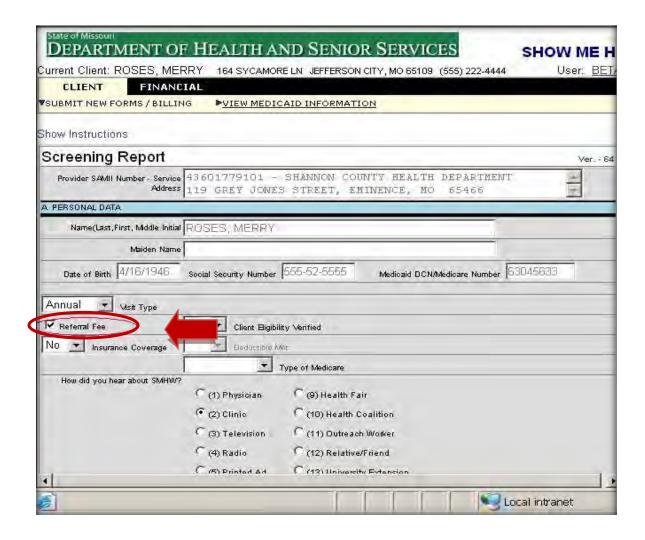


Screening Report Form

If a SMHW provider performs additional breast/cervical procedures, enter data and check appropriate visit type.

If no SMHW screening services are provided by a SMHW provider check appropriate visit type and check the 'Referral Fee' box if you desire the \$20 referral fee. You will not be paid for a visit, only a referral fee.

Report any other outside diagnostic procedures completed prior to enrollment on the appropriate diagnostic form as 'Reporting Only' and report SMHW follow-up procedures as usual.

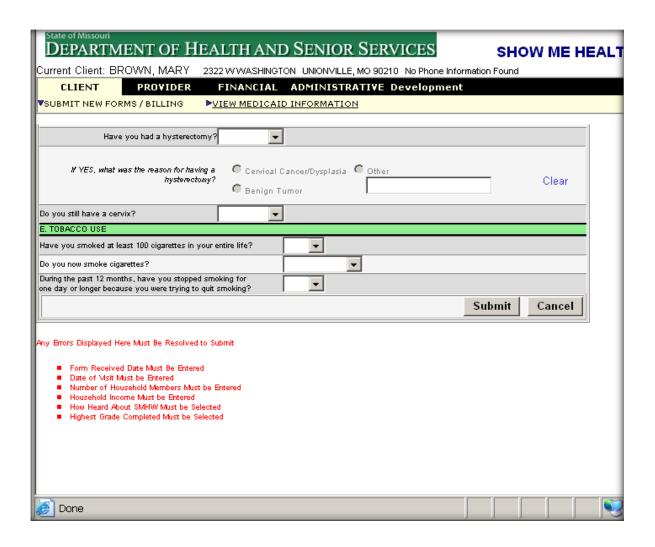


Screening Report Form, continued

An error message may appear at the bottom of the screen after the 'Submit' button is clicked. If this happens it will instruct you to correct the form before proceeding. Once the form is corrected, click the 'Submit' button again and the system will proceed to the next screen.

After the successful submission of the form the 'Submit Form' screen will again be displayed. If you wish to continue with this client for additional forms return to 'Submit New Form/Billing.'

To search for another client, type over the current name and the new search result screen will appear. Select the new SSN and the screen will refresh with the new clients name and information.



Lesson 2: Financial

In Lesson 2, you will learn how to:

- a. Check provider contract information
- b. Check daily summary of forms submitted
- c. Review pay status of forms

Provider Contract Information

When you click on the 'Provider Contract Information' the financial information is automatically displayed. This screen tracks and displays the amount of funding given, amount billed, amount paid, and amount available. The billed amount subtracts from the amount available as soon as it is submitted.

If this information does not correspond with your records, contact the SMHW billing coordinator at 1.573.522.2845. SHMW encourages you to monitor/track your funds through your internal system.

Daily Summary of Forms Submitted

Click on the 'Daily Summary of Forms Submitted' and then click on the month and day you want to display. Click the arrows on the month bar to change the month and then select the day you want to display. This will display the client's financial information by type, date and amount.

Clicking on 'Display Full List to Print' will display the screen for sending to the default printer.

Clicking on the 'Print Listing' button will generate a print job. Choose the printer on the print screen and click print. If you do not want to print, click the 'Close' button to return to the main screen.



Review Pay Status of Forms

You can search for all records submitted or for a specific client. There are four form status types: Submitted by Provider, Approved, Released to Finance for Payment and Check Mailed. Each indicates a different step in the review and payment process.

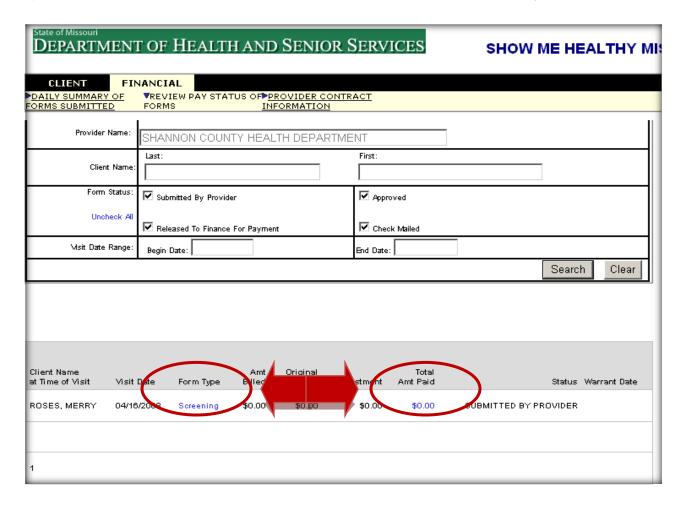
If you search for a client, it will display all forms submitted for that client and the pay status. Click on 'Form Status' to view all clients under the criteria or click multiple items to display all the selections. (Example: 'Check Mailed')

Entering the date range will display all forms status for the range. Click the 'Search' button to display results.



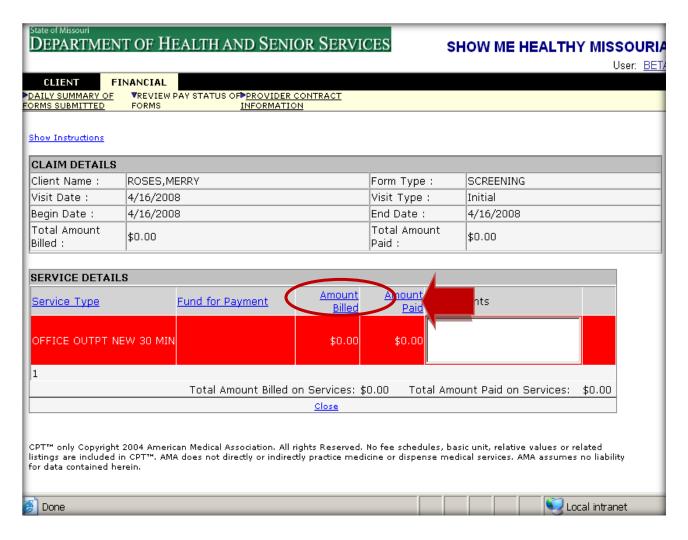
Review Pay Status of Forms, continued

The 'Form Type' and 'Total Amount Paid' columns show in blue. Clicking on either one brings up the form or the claim screen to review. **The claim screen form is read only.**



Review Pay Status of Forms, continued

Clicking on the 'Amount Billed' link will display the detailed information for that client and date. **This form is read only.**



If you have additional questions, please call SMHW/WISEWOMAN at 1.573.522.2845 for general assistance with central office staff.

If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by phone at 1.800.347.0887 or by e-mail at support@health.mo.gov.

Show Me Healthy Women & WISEWOMAN Provider Manual

Forms

| INCOME GUIDELINES | 12.1 |
|--|-------|
| TRAVEL VOUCHER | 12.2 |
| Voucher | |
| Instructions | |
| SMHW QUALITY ASSURANCE FORM | 12.8 |
| SMHW CLIENT ELIGIBILITY AGREEMENT FORMS | 12.9 |
| Available in English and Spanish | |
| REPORTING FORMS | 12.13 |
| Patient History (Green), English and Spanish | 12.13 |
| Screening Report (Blue) | 12.16 |
| Breast Diagnosis and Treatment (Purple) | 12.19 |
| Cervical Diagnosis and Treatment (Yellow) | 12.22 |
| LITERATURE | 12.25 |
| Catalog | |
| WISEWOMAN Supply Order Form | |
| SMHW Request Form | |
| WISEWOMAN ASSESSMENT AND SCREENING FORM INSTRUCTIONS | 12.33 |
| Assessment Instructions | 12.33 |
| Assessment Form | |
| Screening Form | |
| | |







Show Me Healthy Women & WISEWOMAN Provider Manual

| WISEWOMAN SCREENING RESULTS (English and Spanish) | 12.38 |
|---|-------|
| Screening Results Letter Sample | |
| Referral Form | |
| Refusal to Participate | 12.42 |
| Waiver Statement | |
| Missouri Tobacco Quitline Fax Referral Form | 12.44 |
| Service Record | 12 45 |







NOTE:

The Patient History, Screening Report, Breast Diagnosis and Treatment, Cervical Diagnosis and Treatment, WISEWOMAN Assessment and WISEWOMAN Screening forms can be accessed online at:

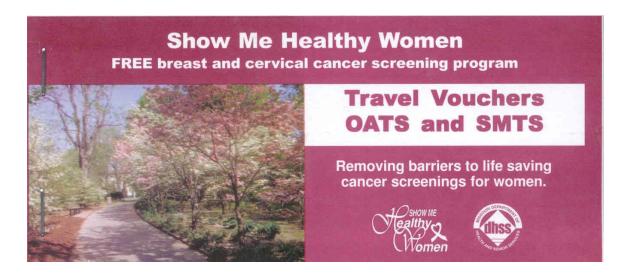
https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.

Show Me Healthy Women (SMHW) Income Guidelines 2012-2013

| Size of household | SMHW annual | SMHW monthly | SMHW weekly | SMHW hourly |
|------------------------------------|-------------|--------------|-------------|-------------|
| 1 | \$22,340 | 1862.00 | 430.00 | 10.75 |
| 2 | \$30,260 | 2522.00 | 582.00 | 14.55 |
| 3 | \$38,180 | 3182.00 | 735.00 | 18.37 |
| 4 | \$46,100 | 3842.00 | 887.00 | 22.17 |
| 5 | \$54,020 | 4502.00 | 1039.00 | 25.97 |
| 6 | \$61,940 | 5162.00 | 1192.00 | 29.80 |
| 7 | \$69,860 | 5822.00 | 1344.00 | 33.60 |
| 8 | \$77,780 | 6482.00 | 1496.00 | 37.40 |
| Each additional person, add: | \$ 7,920 | 660.00 | 153.00 | 3.82 |

For documentation use annual adjusted gross income on tax return or net amount on pay stub.

Travel Vouchers for SMHW and WISEWOMAN Clients





OATS Travel Voucher Instructions

Funds are available through SMHW and WISEWOMAN to cover this cost of transportation to help remove the barrier of access to care in receiving screening, diagnostic, and education services.

Older Americans Transport System (OATS) operates in 87 counties of the 114 counties in Missouri. Services are available Monday through Friday, with charges based on urban or county trips and one-on-one or regular-route travel. When a woman calls to make an appointment for a SMHW or WISEWOMAN screening or diagnostic, or education service, please ask her the following questions BEFORE making an appointment date and time for her:

Do you need transportation?

If yes, explain that free transportation is available for SMHW participants through OATS, which will pick her up at her home, take her to the clinic and return her to her home.

Check the OATS bus schedule on the website: http://oatstransit.org. If possible, set an appointment date and time that coincides with the OATS bus schedule. If it is not possible to coordinate an appointment time, a special bus can be arranged by calling OATS.

After you have set a time and date for an appointment, please ask the client the following questions:

What is your address and telephone number?

If the client does not have a phone, ask for a neighbor's telephone number or for another number where she can be reached.

The OATS driver may not be familiar with your address; can you give me directions on how to find your home?

Do you need any special assistance?

If the client needs an assistant or helper, SMHW/WISEWOMAN will pay for transportation for one extra person. If necessary, the client may bring a child along. If a disabled client needs more than one assistant, call SMHW for approval.

Do you need to bring along any equipment such as a wheelchair or oxygen?

Travel Voucher

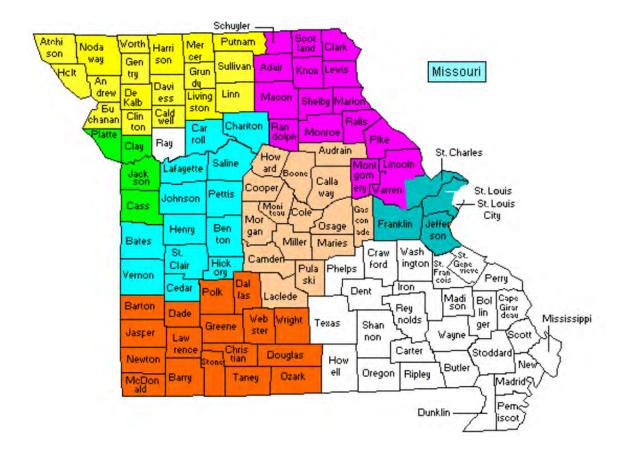
We will mail a travel voucher to your home address with the date and time of your appointment. Please give the OATS driver this voucher when he or she comes to your home. Each voucher is round-trip.

After you talk to the client, call the OATS area office that is closest to your facility and identify yourself as the SMHW/WISEWOMAN contact person. Give OATS the information you've obtained from the client.

Complete the OATS travel voucher, and include your facility name and site code number. If the client will bring an assistant or a child, that person needs a voucher also. Mail the voucher(s) to the client. **OATS must be notified of cancellations to avoid a penalty charge to SMHW/WISEWOMAN for the cost of a one-way trip.**

Address OATS questions to the area office serving the client's county, or the OATS home office at 1.573.443.4516 or toll-free at 1.888.875.6287, or the website: http://oatstransit.org. Address SMHW questions to the Jefferson City office by calling 1.573.522.2845.

□ats Service Area



| Mid-MO Area | Midw | est Area | West | Area | East Area | | |
|---|---|---|--|--|-----------|--|--|
| Jack Heusted, Dir. 2501 Maguire Blvd., Suite 103 Columbia, MO 65201 Phone: (573) 449.3789 Fax: (573) 441.0609 Toll-free: 1.800.269.6287 E-Mail: jackh@oatstransit.org | up, Dir. ain Street O 65301 0) 827.2611 827.2664 .800.276.6287 | Sara Davis, D 2109 Plaza Dr Harrisonville, I Phone: (816) 3 Fax: (816) 380 Toll-free: 1.80 E-Mail: sdavis@oatstr | r. MO 64701 380.7433).7725 0.480.6287 | Pam Knox, Dir. 2572 Lemay Ferry Rd. St. Louis, MO 63125 Phone: (314) 894.1701 Fax: (314) 894.8318 Toll-free: 1.800.201.6287 E-Mail: pamk@oatstransit.org | | | |
| Southwest Area | | Northea | st Area | Northwest Area | | | |
| Scott Kosky, Dir. 3259 E. Sunshine, Suite T Springfield, MO 65804 Phone: (417) 887.9272 Fax: (417) 887.8784 Toll-free: 1.800.770.6287 E-Mail: scottk@oatstransit.org | Sheree Webb, 401 W. Elm Shelbina, MO 6 Phone: (573) 5 Fax: (573) 588. Toll-free: 1.800 E-Mail: swebb@oatstra | 53468 88.2103 .2304 .654.6287 | E-Mail: | t Highway MO 64508 S) 279.3131 | | | |

Linda Yeager, Executive Director 2501 Maguire, Columbia, Missouri 65201 Telephone 1.800.273.0646 Fax (573) 874.1914 Web Address: http://oatstransit.org/ E-Mail info@oatstransit.org



Southeast Missouri Transport Service Travel Voucher Instructions

Funds are available through SMHW and WISEWOMAN to cover this cost of transportation and to help remove the barrier of access to care in receiving screening, diagnostic, or education services.

Southeast Missouri Transport Service (SMTS) operates in 20 counties in southeast Missouri. Services are available Monday through Friday, with charges based on the number of counties to travel or special trips. When a woman calls to make an appointment for a SMHW/WISEWOMAN screening, diagnostic, service, please ask her the following questions BEFORE making an appointment date and time for her:

Do you need transportation?

If yes, explain that free transportation is available for SMHWWISEWOMAN participants through SMTS, which will pick her up at her home, take her to the clinic, and return her to her home.

Check the SMTS schedule, if available. If possible, set an appointment date and time that coincides with the SMTS bus schedule. If it is not possible to coordinate an appointment time, a special bus can be arranged by calling SMTS.

After you have set a time and date for an appointment, please ask the client the following questions:

What is your address and telephone number?

If she does not have a phone, ask for a neighbor's telephone number or for another number where she can be reached.

The SMTS driver may not be familiar with your address; can you give me directions on how to find your home?

Do you need any special assistance?

If the client needs an assistant, SMHW/WISEWOMAN will pay for transportation for one extra person. If necessary, the client may bring a child along. If a disabled client needs more than one assistant, call SMHW/WISEWOMAN for approval.

Do you need to bring along any equipment such as a wheelchair or oxygen?

Travel Voucher

We will mail a travel voucher to your home address with the date and time of your appointment. Please give the SMTS driver this coupon when he/she comes to your home. Each voucher is round-trip.

After you talk to the client, call the SMTS main office, toll-free at 1.800.275.0646. Identify yourself as the SMHW/WISEWOMAN contact person at your facility and give SMTS the information you've obtained from the client.

Complete a SMTS travel voucher, and include your facility name and site code number. If the client brings an assistant or a child, that person needs a voucher also. Mail the voucher(s) to the client.

SMTS must be notified of cancellations to avoid a penalty charge to SMHW/WISEWOMAN for the cost of a one-way trip.

Address SMTS questions by calling toll-free at 1.800.275.6046. The SMTS web site is: http://ridesmts.org/. Address SMHW/WISEWOMAN questions to the central office by calling 1.573.522.2845.

SMHW Quality Assurance Form

| Provider Name: | | QA Review | er: | | | | |
|--|------------------------------------|----------------|---------------------|-------------------------------|----------------------------|------|--|
| SMHW/WW audit | SMHW audit only□ | 6 Mor | nth New provider□ | 2 year biennale audit□ | Re-audit ☐ | | |
| Mammography unit name: | | Cytolo | gy Lab name: | | | | |
| Professional staff name and title | of those conducting so | reenings: | | | | | |
| Name: | _ | Name | : | | | | |
| Name: | | Name | : | | | | |
| There are qualified SMHW/WW t Yes □ | rained staff for all phase No □ | es of service: | The provider site I | has a clean and inviting env | ironment: Yes 🗌 | No 🗆 | |
| There is an Internal QA program | for SMHW/WW services Yes | s: No□ | SMHW/WW manua | al available either hard copy | or on line Yes 🗌 | No 🗌 | |
| SMHW/WW materials are promin | nently displayed Yes □ | No 🗌 | System in place to | assure follow-up of abnorn | mal and alert values. Yes□ | No 🗌 | |

CHART AUDIT RESULTS

| Charts requested: | Charts available: |
|-------------------|-------------------|
| | |

| | done, NA = not applicable, D=declined, to document each client ch Criteria Audited | % | %Chai ts compl ete | Chart | Chart 2 | Chart 3 | Chart 4 | Chart 5 | Chart 6 | Chart 7 | Chart 8 | Chart 9 | Chart 10 | Chart 11 | Chart 12 | | Chart 15 | Chart 16 | Chart 17 | Chart 18 | |
|-----------------------------|---|----|-----------------------------|-------|------------|------------|------------|------------|------------|------------|------------|-------------------|-------------|-------------|-------------|--|-------------|-------------|-------------|-------------|--|
| | Copies of proof of age (proof of age is only expected once while SMHW client) | 50 | | | | | | | | | | | | | | | | | | | |
| | Copies of proof of income (updated annually) | 50 | | | | | | | | | | | | | | | | | | | |
| Eligibility | SMHW/WW Eligibility Agreement Form signed annually | 50 | | | | | | | | | | | | | | | | | | | |
| | History form (green) updated annually | 50 | | | | | | | | | | | | | | | | | | | |
| | Physical exam, = submitted information | 80 | | | | | | | | | | | | | | | | | | | |
| | Mammogram scheduled if eligible. | 80 | | | | | | | | | | | | | | | | | | | |
| Screening and Bonorts | Key LSI components are delivered according to protocols | 80 | | | | | | | | | | | | | | | | | | | |
| Reports | WW Lab results equal submitted results | 80 | | | | | | | | | | | | | | | | | | | |
| | Client notified of SMHW test results. | 80 | | | | | | | | | | | | | | | | | | | |
| Fallow Up | Documentation that client notified of WW screening/risk factor results in writing & verbally | 80 | | | | | | | | | | | | | | | | | | | |
| Follow-Up | Abnormal and alert results for SMHW and WW receive appropriate follow-up and referral. | 80 | | | | | | | | | | | | | | | | | | | |
| Billing- Reporting | Procedures and results submitted to SMHW/WW equal information in chart. | 80 | | | | | | | | | | | | | | | | | | | |

Show Me Healthy Women Eligibility Agreement Form, English version

| Name: | | Bi | | <u>/ /</u> | _ SS# _ | (Onting al) | |
|--|--|---|---|--|---|--|--|
| | | | n | nm/dd/yyyy | | (Optional) | |
| Address: | | | | | | | |
| Street | | City | State | | Zip | | |
| (SMHW). If yo | ou qualify, you work with SM | will receive your bre | ast and cer | vical cancer | examina | ations free. If yo | Me Healthy Women Progran ur test results are not normal obtain additional tests and, i |
| Income/Insur | ance Informa | ation (<i>Please check</i> | all that app | oly) | | | |
| Are you receiv | ving: | ☐ Unemployment Ins☐ Medicare Part A | surance and o | ☐ WIC [| | ☐ TANF | ☐ Food Stamps |
| Have you app | lied for Medic | | | _ | | _ | |
| | Do you have | health insurance? | | Yes ☐ No[|] | | |
| | Does your in | surance have a dedu | ctible? | Yes ☐ No[| | | |
| | Can you pay | the deductible? | | Yes ☐ No[| | | |
| | Is your healt | h insurance an HMO? | • | Yes 🗌 No | | | |
| guidelines I have receive A staff person I understand to I understand to I need to conta I understand to | pplied docum (If app d the income has informed hat the SMHV hat my health act this clinic t hat no test is | entation of househol blicable, please initial) guidelines and I quali me which tests the S V services will be ava is my responsibility. I for my test results. 100% accurate. e read to me. I agree | fy for the S MHW prog ilable to me am respor | MHW servic Iram covers. e at no cost. Insible for kee | es. eping my | appointments. | vithin SMHW present income |
| appropriate s funding sour Services Noti this documen | staff at the I ce. I ackno ice of Privac nt is signed | Department of Healt wledge that I have y Policies and have | th and Ser been give been told Durable Po | nior Service en a copy owhere I can ower of Atto | es and of the Monotonian obtain obtain or obtain or obtain or obtain of the obtain of | other agencies lissouri Departi any subsequent r Health Care (D | nation will be shared with as required by the federal ment of Health and Senion trevisions to this Notice. In DPOA-HC), attach a copy of Care. |
| Signature of the Durable Power | | rdian/ for Health Care (DPO | – A-HC) | | | / | //_ Date |

Show Me Healthy Women Eligibility Agreement Form, Spanish Version

| Nombro | Fooks de Nacimientos | 1 1 | Coguro Cooi | al # |
|--|---|---|---|--|
| Nombre: | Fecha de Nacimiento: mes | //_ día año | Seguro Socia | di. # (Opcional) |
| Dirección: | | | | |
| Calle | Cuidad | | Estado | Código Postal |
| Mujeres Saludables de M | d y de Servicios para Personas de Edad A issouri. Si usted califica, recibirá exámene con el Departamento de Servicio Social de ario. | es del seno | y cervical gra | atuitos. Si los resultados fueran |
| Información de Ingresos | y Aseguranza de Salud (seguros) <i>(Por f</i> | avor indiq | ue toda lo qu | e aplica) |
| Esta usted recibiendo: | <u> </u> | edicaid edicare Par Si | te A 🗌 o 🗍 F | ΓANF (Ayuda Estatal) Parte B |
| | ¿Tiene usted Seguro de Salud? | Si 🗌 No | | |
| | ¿Tiene usted un deducible en su seguro? | Si 🗌 No | | |
| | ¿Puede usted pagar el deducible? | Si 🗌 No | o 🗆 | |
| | ¿Tiene usted el Seguros llamado HMO? | Si 🗌 No | | |
| guia del programa Mujere: He recibido los requisitos Personal del proyecto me Entiendo que los servicios Entiendo que es mi respoi Entiendo que personas a recibir servicios médicos y Entiendo que necesito cor Entiendo que ningún exan Confirmo que he leído o s Confirmo que toda informa Como cliente que esta información protegida d de Servicios para Pers financiamiento federal. Salud y Servicios para revisiones subsiguiente | ntactarme con la clínica para saber los resumen es 100% exacto. e me ha leído la información anterior. ación antes mencionada es correcta. recibiendo servicios financiados por el cuidado médico será compartida con sonas de Edad Avanzada y de otras Yo reconozco que me han dado una cop Personas de Edad Avanzada de Miss a este aviso. Si este documento es firmavor adjunte una copia de las cartas o | cial) uri y califica jeres Salud s Saludable e de cumpl bles de Mi Itados de m r el progr el persona a agencias ia de las P souri y qu nado por e | o para este prodables de Missouri es de Missouri lir y mantener la ssouri me pue nis exámenes. Trama Muéstro al apropiado es según los Políticas de Propie me han diel Tutor (Cust | eme Mujeres Saludables, su requisitos de la fuente del rivacidad del Departamento de sicho a dónde puedo obtener odio) del poder duradero para |
| Firma del Cliente/Tutor/ Poder Duradero para aten | ción médica (DPOA-HC) | | / | Fecha |

Eligibility Agreement Form, English Version Show Me Healthy Women – WISEWOMAN Name Birth Date Address Citv State Street Zip The Missouri Department of Health and Senior Services invite you to take part in the Show Me Healthy Women (SMHW) and Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) programs. If you qualify and agree, you will receive your breast and cervical cancer examinations and assessments for heart disease and stroke free. WISEWOMAN also provides educational resources for improving lifestyle habits to help you lower your risk for heart disease. If your test results are not normal, this clinic will work with SMHW and/or the Department of Social Services to help you obtain additional tests and, if needed, treatment for cancer. WISEWOMAN does not pay for treatments for heart disease risk factors such as high blood pressure, but the clinic will assist you in obtaining follow-up medical care if needed. Income/Insurance Information (Please check all that apply) Are you receiving: Unemployment insurance □ WIC 🗆 TANF ☐ Food Stamps ☐ Medicare Part A ☐ and/or Part B ☐ MO HealthNet (Medicaid) □ Have you applied for MO HealthNet (Medicaid)? Yes ☐ No ☐ Do you have health insurance? Yes ☐ No ☐ Does your insurance have a deductible? Yes ☐ No ☐ Can you pay the deductible? Yes ☐ No ☐ Is your health insurance an HMO? Yes ☐ No ☐ **Client Agreement** I have not supplied documentation of household income. I declare my household income is within SMHW/WISEWOMAN present income guidelines. _____ (If applicable, please initial) I have received the income guidelines and I qualify for SMHW/WISEWOMAN. A staff person has informed me which tests the SMHW/WISEWOMAN programs cover and possible side effects of the I understand that the SMHW/WISEWOMAN services will be available to me at no cost. I understand that my health is my responsibility. I am responsible for keeping my appointments. I understand that persons associated with SMHW/WISEWOMAN may contact me in receiving medically recommended services. I need to contact this clinic for my test results. I understand that no test is 100 percent accurate. I agree to participate in both the screening tests and the WISEWOMAN lifestyle education sessions. I understand that I will be contacted to return in one year to see if my health status related to these services has changed. I have read or had the above read to me. I agree that all the information above is correct. As a client receiving services funded be Show Me Healthy Women/WISEWOMAN, your protected health care information will be shared with appropriate staff at the Department of Health and Senior Services and other agencies as required by the federal funding source. I acknowledge that I have been given a copy of the Missouri Department of Health and Senior Services Notice of Privacy Policies and have been told where I can obtain any subsequent revisions to this Notice. If this document is signed by the guardian or Durable Power of Attorney for Health Care (DPOA-HC), attach a copy of the Letters Appointing the Guardian or a copy of the Durable Power of Attorney for Health Care. Signature of Client/Guardian Durable Power of Attorney for Health Care (DPOA-HC)

Eligibility Agreement Form, Spanish Version Show Me Healthy Women – WISEWOMAN Nombre Fecha de Seguro Social.# Nacimiento Dirección Calle Código Postal Cuidad Estado El Departamento de Salud y de Servicios para Personas de Edad Avanzada de Missouri le invita a ser parte del programa Mujeres Saludables de Missouri. Si usted califica, recibirá exámenes del seno y cervical gratuitos. Si los resultados fueran anormales, trabajaremos con el Departamento de Servicio Social para obtener exámenes adicionales, incluyendo el tratamiento si es necesario. Información de Ingresos y A seguranza de Salud (seguros) (Por favor indique toda lo que Esta usted recibiendo: Seguro de desempleo Medicaid TANF (Ayuda Estatal) Medicare Parte A ☐ o Parte B ☐ WIC □ Si ¿Ha aplicado para recibir Medicaid? ¿Tiene usted Seguro de Salud? Si No ¿Tiene usted un deducible en su seguro? Si Nο ¿Puede usted pagar el deducible? Si ¿Tiene usted el Seguros llamado HMO? Si No Acuerdo del Cliente No he presentado documentación sobre mis ingresos. Declaro que mis ingresos no sobrepasan los límites saláriales de la guía el programa Mujeres Saludables de Missouri. (su inicial) He recibido los requisitos del programa Mujeres Saludables de Missouri y califico para este proyecto. Personal del proyecto me ha informado cuáles exámenes paga el Mujeres Saludables de Missouri. Entiendo que los servicios disponibles a través del programa Mujeres Saludables de Missouri son gratuitos. Entiendo que es mi responsabilidad cuidar mi salud. Soy responsable de cumplir y mantener las citas médicas. Entiendo que personas asociados con el programa Mujeres Saludables de Missouri me pueden entrarme en contacto para recibir servicios médicos y aconsejados. Entiendo que necesito contactarme con la clínica para saber los resultados de mis exámenes. Entiendo que ningún examen es 100 por ciento exacto. Confirmo que he leído o se me ha leído la información anterior. Confirmo que toda información antes mencionada es correcta. Como cliente que está recibiendo servicios financiados por el programa Muéstreme Mujeres Saludables, su información protegida del cuidado médico será compartida con el personal apropiado en el Departamento de Salud y de Servicios para Personas de Edad Avanzada y de otras agencias según los requisitos de la fuente del financiamiento federal. Yo reconozco que me han dado una copia de las Políticas de Privacidad del Departamento de Salud y Servicios para Personas de Edad Avanzada de Missouri y que me han dicho a dónde puedo obtener revisiones subsiguientes a este aviso. Si este documento es firmado por el Tutor (Custodio) del poder duradero para atención médica, por favor adjunte una copia de las cartas de nombramiento del Tutor o una copia del Poder Duradero (Poder Notarial). Firma del Cliente/Tutor/ Poder Duradero para atención médica (DPOA-HC)

Patient History (green form)

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly to correspond with the date of service. At the beginning of each grant year there are multiple versions of this form in Missouri Health Strategic Architectures and Information Cooperative (MOHSAIC) (refer to page 11.16). Be sure to click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (3/2011).

NOTE:

All clients who participate in SMHW MUST complete a Patient History (green form) at the initial screening. The Patient History form is available in English and Spanish. Assistance may be given to the client for completion of the form. Please order blank forms from SMHW by calling 1.573.522.2845

- Information from the green form is used to verify a client's eligibility for screening as well as statistics to evaluate the program. Some information from the green form is also reported to the Centers for Disease Control and Prevention (CDC). All information shall be kept confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. All
 reported information shall be filed in the client's record.
- Electronic forms can be accessed at https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.
- Download paper copies of Patient History, Screening Report, Breast Diagnosis and Treatment, and Cervical Diagnosis and Treatment forms at: http://health.mo.gov/showmehealthywomen/index.php/forms.php.
- If you have additional questions, please call SMHW/WISEWOMAN at 1.573.522.2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by phone at 1.800.347.0887 or by e-mail at support@health.mo.gov.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL SHOW ME HEALTHY MISSOURIANS/SHOW ME HEALTHY WOMEN PATIENT HISTORY (TO BE COMPLETED BY CLIENT)

P. O. Box 570 Jefferson City, MO 65102-0570 (573) 522-2845

| ENROLLMENT SITE/SATELLITE CLINIC (IF A | | | DATE OF VISIT IM | IM/DD/YYYY) | | | | | | |
|--|------------------------------|---|---|--|-------------------|----------------|---------------|--------|--|--|
| A. PERSONAL HISTORY | | | | | | | | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | MAIDEN NAME | | | | | | | |
| E-MAIL ADDRESS | | HOME PHONE NO | | WORK P | HONE NO | GELL PHONE NO. | | | | |
| STREET ADDRESS | CITY/STATE | | Z/P COD | | COUN | TY | | | | |
| DATE OF BIRTH (MM/DD/YYYY) | SOCIAL SECURITY | NUMBER (OPTIONAL) | | MEDICAL | D DCN/MEDICARE NU | IMBER | | | | |
| NUMBER OF HOUSEHOLD MEMBERS | INSURANCE COVE | RAGE: | althNet | ☐ Me | dicare | ☐ Private | <i>.</i> | | | |
| How did you hear about the Show Me Healthy Women program? (1)Physician (8) Health Care Provider (2) Clinic (9) Health Fair (3) Television (10) Health Coalition (4) Radio (11) Outreach Worker (5) Printed Ad (12) Relative/Friend (6) Billboard (13) Other Location (7) Bus Sign (specify) | | | appointme ☐ (1) E ☐ (2) / ☐ (3) (☐ (4) 1 ☐ (5) F | ent? Bus ACT Van DATS Bus Faxi Personal Ve Relative/Frie BMTS | | ou use to ge | t to your cli | nic | | |
| Race: (must be answered, choo (1) White (2) Black or African American (3) Asian (4) Native Hawaiian or Other (5) American Indian or Alask (7) Unknown (please avoid up | 1. Are you Highest gr (U. S. | u of Hispan rade of scho equivalent | ion about Hispa ic origin? col completed (of if educated in a 7 8 9 10 | Yes Circle one) | No) | | | | | |
| Date of last Pap test | MM DD | YYYY | Date of last mammogram | | | | | | | |
| Do you now smoke cigarettes? | ☐ Everyda | ay 🗆 S | ome days | □ Not at | all [| ☐ Don't know | | | | |
| Name and telephone numbers of | of two people who o | can always reach | you: | | | | | | | |
| NAME HOME PH | | | ONE WITH AREA CO | ONE WITH AREA CODE W | | | WORK PHONE | | | |
| NAME | | HOME PHO | ONE WITH AREA CO | ODE | WORK PH | HONE | | | | |
| MO 580-1800 (3/11) | | | | | | | | Ch D-3 | | |



DEPARTAMENTO DE SALUD DE MISSOURI Y SERVICIOS PARA MAYORES DE EDAD UNIDAD DE CONTROL DE CÂNCER Y DE ENFERMEDADES CRÓNICAS DEL PROGRAMA MUJERES SALUDABLES DE MISSOURI HISTORIA CLÍNICA DA LA PACIENTE (COMPLETADA POR EL CLIENTE)

P. O. Box 570 Jefferson City, MO 65102-0570 (573) 522-2845

| -Mari | | | | | | | |
|---|--|---|---|---|------------------|------------------------|-----------|
| SITIO DE INSCRIPCIÓN/CÍNICA SATÉL(TE (SI HAY) ENBOLLMENT SITE/SATELLITE CLINIC (F ANY) | | | | | | A (MES/DIA/AÑO) | |
| A. Historia Personal | | | | | | -12 | |
| NOMBRE (APELLIDO, NOMBRE, INICIAL | ES INTERMEDIA: | 5) | | | AFELLID | D DE SOLTERA | |
| E-MAIL | | TELÉFONO DE CA | ASA | TELEFONO | DE SU TRABAJO | TELEFONO | CELULAR: |
| | | 1. 1 | | 1 1 | | 1/1 | |
| DIRECCIÓN | | 11. 7 | CIUDAD | 11 / | CÓDIGO | POSTAL | CONDADO |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| CHA DE NACIMIENTO (MES/DÍA/AÑO) | | NUMERO DE LA SEC | GURO SOCIAL (OFC) | DNAL) | MEDIGAID DO | ON/NUMERO DE ME | DICARE |
| UMERO DE PERSONAS QUE VIVEN EN SL | HOGAR | QUE CLASE DE SEG | GURO TIENE: | | - | | |
| | | Ninguno | ☐ Medicaid ☐ Medicare | | | e Privado | |
| ☐ (1) Médico ☐ (2) ClInica ☐ (3) Televisión ☐ (4) Radio ☐ (5) Anuncio en diario ☐ (6) Anucio en carretera ☐ (7) Anucio en autobus | (3) Televisión (9) Feria de Salud (10) Coalición de Salud (11) Promotora de Salud (12) Pariente/Amigo (13) Otras fuentes | | | utobús /an ACT utobús OA axi /ehículo pe /ariente/An :MTS | ersonal | | |
| a: (Deben contestarse, escoja | todos las qu | ue le conciernen) | Pertenencia E | tnica (Las | preguntas debe | n ser contesta | das) |
| (1) Blanco | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ¿Tiene ud origenes Hispanos 🔲 Si 🔲 No | | | | |
| (2) Negro o Afro-Americano | | | C Helle da | origenes r | iioparioo 🔲 or | | |
| (3) Asiático | 87.043 | | (males - # cose | | | | ra come v |
| (4) Nativo de Hawaii o de otr | | cifico | Ultimo año escolar que completó (marque con un circulo uno) (Equivalente estadounidense, si es de otra nación): | | | | |
| (5) Indio Americano o Nativo (6) Otros | ue Alaska | | | | | 42.162.54 | 60.000 |
|] (7) Desconocido | | | 1 2 3 | 4 5 6 7 | 8 9 10 11 | 12 13 14 | 15 16 |
| na del examen de Papanicolad | ou pasado: | | F | echa de la | ı última mamogra | afia: | |
| almente, ¿fuma cigarillos? | | A diaro | ☐ Algunos d | lias [| □ Nada | ☐ No sabe | |
| bre y teléfono de dos persona | 7 . 77 . 7 | - CONTRACTOR - 2 - 1 | | | -1 200/07 | | |
| e | - spec oronth | Teléfono de la Casa (inclu | | | Telefono del T | rabajo (incluya e) cód | |
| ** | - 10 | | - 19 - 18 - 15 - 17 - 17 - 17 - 17 - 17 - 17 - 17 | | 2,346,42,39,0 | | |

Screening Report Instructions (blue form)

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly to correspond with the date of service. At the beginning of each grant year there are multiple versions of this form in MOHSAIC (refer to page 11.16). Be sure to click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (6-10).

NOTE:

The Screening Report (blue form) must be completed for all clients participating in the SMHW program. Please order blank forms from SMHW by calling 1.573.522.2845.

- Information from the blue form is used to verify clients' eligibility for screening as well as diagnostic services that are recommended. Some information from the blue form is reported to the Centers for Disease Control and Prevention (CDC). All information shall be kept confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. All
 reported information shall be filed in the client's record.
- Electronic forms can be accessed at https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.
- Download paper copies of Patient History, Screening Report, Breast Diagnosis and Treatment, and Cervical Diagnosis and Treatment forms at: http://health.mo.gov/living/healthcondiseases/chronic/showmehealthywomen/index.php/forms.php.
- If you have additional questions, please call SMHW/WISEWOMAN at 1.573.522.2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by phone at 1.800.347.0887 or by e-mail at support@health.mo.gov.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL SHOW ME HEALTHY WOMEN (SMHW) SCREENING REPORT P. O. Box 570 Jefferson City, MO 65102-0570 (573) 522-2845

| ENROLLMENT SITE/SATELLITE SITE (NAME AND AC | ODRESS) | | | | REFERRING | PROVIDER (FOR DIRECT | BILLING) |
|---|--------------------------------------|----------------------|------------------------------------|----------------------------|--------------------------------|--|----------------------|
| A. PERSONAL DATA | | | | | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | SOCIALS | ECURITY NUMBER | |
| | | | | | - 11 11 11 | Secure Section 1 | 2 |
| DATE OF BIRTH / / / YYYY | CLIENTELIGIBILITY VERIFIED Ves D No | INSURANCE COV | No No | DEDUCTIBLE MET ☐ Yes ☐ No | REFERRAL FEE | MEDICARE □ Part A □ | Part A and B |
| | Rescreen Height | | Weight | | BMI | Blood Pressure | Average/ |
| ☐ Initial CBE only ☐ Annual CBE or | ıly | ft. in | | lbs. | | 1st Reading / 2 | and Reading/ |
| B. BREAST CANCER SCREENII | NG | | | | | | Reporting Only |
| B 1. Does client report any BSE sy | mptoms? Yes N | (If "YES" comple | ete B2.) | Date of C | BE | /(MM/DD/YYYY | 7 |
| B 2. Symptoms Reported By Client | (check any that apply) | | | | | | |
| □ (1) Lump | | □ (4) Pa | ain/Tend | erness - 1st occu | rrence 🗆 (| 4) Pain/Tenderness | - 2nd occurrence |
| ☐ (2) Nipple discharge | | □ (5) O | | | 77777 | , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 200000000 |
| ☐ (3) Skin changes (dimpling, retract | ion, new nipple inversion. | | | | relative (moth | er, daughter, sister) | |
| ulceration, Paget's disease) | | | and the second second | agnosis of young | | Se of Contract of | |
| B 3. CBE within normal limits and E | 4. Findings Present at | CBE (check ye | es or no a | and one explanation | on) | | |
| □Yes | | | | | | | |
| ☐ Within normal limits | | | | | | | |
| ☐ (1) Benign finding (fibrocystic c | # 1789Marga - 15 - 20 Margari | | ening, te | nderness or nodul | anty) | | |
| □ No - Suspicious for cancer (re □ (2) Discrete palpable mass (inc diffuse, poorly defined thick | ludes masses that may be | □ (5) Sk | | | | peau d'orange; ulceration | |
| ☐ (3) Nipple discharge | | | | | | unusual increase in siz- clavicular, infraclavicula | |
| (4) Nipple or areolar scaliness of | or erythema | | | ies; also swelling of | | Sid Figure 1 | a of sample |
| Rescreen CBE Planned Yes | MM YYYY | | | tic Work-up Pl | MM DD | YYYYY | ☐ Reporting Only |
| | | | -T-K-1 | 7.27 8 2 3 3 | | | = 1 (appending 5010) |
| (4) Mammogram not done. Patient only directly for other imaging or diagnos (1) Routine screening mammogram (2) Mammogram performed to evaluate Positive BSE | stic workup | ☐ (6) Re ☐ (3) Ab | eferred to normal n agnostic | | by a non-program | n funded provider, patie gram field as Reporting | |
| ☐ Positive CBE | | _ | | | MM | DD YYYY | |
| ☐ Previous abnormal mam | mogram results (rescreen) | | | | | | |
| Mammography provider facility (facility name/city) | | | | | | 0 | Mammogram Van |
| Previous mammogram □ Yes □ No | ☐ Unknown Date of | last mammogr | am | | te of this ma | mmogram/ | DD YYYY |
| Type of mammogram | | | | Method used | for mammog | ram 🗆 Digital | ☐ Conventional |
| SMHW mammogram result (check on | e) (results with * require ad | ditional follow-up) | Left F | light | | | |
| Left Right (Indicate why only one bi | co and hard mamma arraw in COA. | Abnorma | | | nign (Category 3 | 1) | |
| Normal (1) Negative (Category 1) | | IIVIEN (3) | 0 0 | (4) Suspicious | Abnormality (C | lategory 4)* | |
| □ □ (2) Benign Finding (Cate | | | | (5) Highly Sug | gestive of Malig | nancy (Category 5)* | |
| | | | | 700 | A CONTRACTOR OF THE CONTRACTOR | eds additional imagin | ng evaluation |
| | | | 12.0 | (Category C | | | - NOTO - TO THE |
| Further diagnostic planned for: (3) Probab | oly Benign: 🗆 Yes 🗆 No | | пп | (13) Assessment | Incomplete-file | n comparison require | 1 (Category 0)* |
| Rescreen mammogram planned (must be less than 10 months) | | agnostic work- | C 40 L | ned 🗆 Yes | D No | Next routine bre | ast screening |
| MM YYYY | | | * 20 | MM DD | YYYY | MM YYYY | |
| Referred for diagnostic testing/dire | ct bill (physician/facility na | ime) | | | | | |
| | | | | | | | |
| | (Cervical Cancer S | creening Re | eport c | n back of th | is form.) | | |
| | A STATE OF THE PARTY OF THE | The second second | ALC: UNKNOWN | The second second second | | | |

MO 580-1799 (3/11)

| C. CERVICAL CANO | ER SCREENING | | | | | | | | |
|---|--|---|--|--|---------------------|---|--|---|--------------------------------------|
| ☐ (4) Pap test ☐ (6) Referred | | | | Pap test under surveillance for previous abnormal (rescreen) it not done. Patient proceeded directly for diagnostic work-up or HPV testing d to direct biller for Pap and Pelvic hal Pap test done by non-program provider - reporting only/referral date // | | | | 1 | |
| C 1. Pelvic Exam Resi | ults 🗆 R | eporting Only | C 2. Pe | lvic Exam Find | dings | | | MM | DD YYYY |
| Pelvic Exam WNL? (Additional information requir Hysterectomy? | ☐ Yes ☐ No | | Findings Present at Pelvic Exam (check only one) □ 1) Cervix | | | | | | |
| ☐ Cervix absent ☐ Cervix absent due ☐ Cervix absent due ☐ Cervix present ☐ Reason for hystere | to cervical cancer test) | | 0 | a) Polyp b) Leukoplakia (w c) Friable d) Ulceration e) Exophytic grov | | ☐ f) Ectr ☐ g) Ster ☐ h) Cer ☐ i) Othe | notic OS rvical mass | | |
| Date of Pelvic Exam | MM DD YYYY | | 2) Exa | m Complicated I | oy Obesity ☐ Yes ☐ | I No - | | | |
| Reproductive Status (chec a) Premenopausal b) Postmenopausa | | | Diagnosti | c planned less than 90 days) | □ Yes □ | l No | MM | _ | |
| C 3. Pap Test Results | | | | | | | | | ☐ Reporting Only |
| Previous Pap test | ☐ Yes ☐ No ☐ Unkno | own | Date of | f last Pap test | MM YYYY | 4 19 | Date of this Pap | test | //_ M DD YYYY |
| Specimen adequacy | ☐ Satisfactory ☐ Unsatisfactory due to | T Liquid Roand | | | | | | | |
| | ☐ Unknown | | ☐ Annual Pap due to previous treatment for cervical cancer ☐ Annual Pap due to previous treatment for CIN precancerous lesion; annually for 10 years | | | | | | |
| Pap test result (check one | (Results with (*) require a | dditional follow-u | IP) | | | | | | |
| Normal | ☐ (1) Negative for intrae | pithelial lesion o | r malignanc | у | | | | | |
| Abnormal | ☐ (2) Atypical Squamou (ASC-US) (May h. ☐ (3) Lowgrade SIL (H☐ (4) Atypical Squamo☐ (5) Highgrade SIL (i | ave HPV test) PV/Mild Dysplas us Cells, canno | sia/CIN I)* ot exclude H | ISIL (ASC-H)* | □ (7) | Atypical | is Cell Cancer* Glandular Cells cinoma in situ and | | g atypical, endocervical rcinoma) |
| Endocervical Cells | ☐ Yes ☐ No | | | | | | | | |
| C 4. HPV Test Date | | MM/DD/YYYY | | | | | | | Reporting Only |
| ☐ (1) Follow-up to | ASC-US Pap | | | HPV Te | st Result | (1) Positive | e (High Risk) | | |
| ☐ (2) One year fol | low-up of colposcopy | | | | | (3) Negativ | | | |
| ☐ (3) One year fol postmenopa | low-up of colposcopy for LG | SIL, | (4) Test not done | | | | | | |
| Rescreen Pap planned (less than 10 months) | Yes □ No _ | M YYYY | | Diagnostic wo must be less than | | ed | □ Yes □ No | MM | J J YYYY |
| Referred for diagnosti (physician/facility name) | c work-up/direct biller | | | | | | | | - 16 |
| Date of next routine Pa | | M /YYYY | | | | | | | |
| D. COMMENTS | | | | | | | | | |
| | | | | | | | | | |

MO 580-1799 (3/11) Ch. D-1

Breast Diagnosis and Treatment Instructions (purple form)

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly to correspond with the date of service. At the beginning of each grant year there are multiple versions of this form in MOHSAIC (refer to page 11.15). Be sure to click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (6-10).

NOTE:

The Breast Diagnosis and Treatment (purpose form) is to collect complete follow-up information for all clients with abnormal breast screening results. Please order blank forms from SMHW by calling 1.573.522.2845.

- The Screening Report (blue form) must accompany or precede the Breast Diagnosis and Treatment (purple form). A SMHW or a non-SMHW provider must base the diagnostic service on an abnormal screening result.
- Information from the purple form is required by CDC and is crucial for statistical reports and studies. All information will be kept confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. All
 reported information shall be filed in the client's record.
- Electronic forms can be accessed at https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.
- Download paper copies of Patient History, Screening Report, Breast Diagnosis and Treatment, and Cervical Diagnosis and Treatment forms at: http://health.mo.gov/showmehealthywomen/index.php/forms.php.
- If you have additional questions, please call SMHW/WISEWOMAN at 1.573.522.2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by phone at 1.800.347.0887 or by e-mail at support@health.mo.gov.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL SHOW ME HEALTHY MISSOURIANS/SMHW

P. O. Box 570 Jefferson City, MO 65102-0570 (573) 522-2845

BREAST DIAGNOSIS AND TREATMENT

| ENROLLMENT SITE/SATELLITE (NAME AND ADDRESS) | | REFERRING PROVIDER (FOR DI | RECT BILLING) |
|---|---------------------------|--------------------------------------|--|
| A. PERSONAL DATA | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | |
| | | | |
| DATE OF BIRTH SOCIAL SECURITY NUMBER | | CLIENT | ELIGIBILTY VERIFIED |
| MM DD YYYY ————————————————————————————— | | | 2 |
| INSURANCE COVERAGE DEDUCTIBLE MET Yes No Yes No | | E OF MEDICARE Part A □ Part A and B | BCCT ☐ Yes ☐ No |
| B. ADDITIONAL BREAST IMAGING | | arr Branchand | ☐ Reporting only |
| Diagnostic | Film C | omparison | |
| Mammogram □ Digital MM DD YYYY | 100.3 | MM | DD YYYY |
| | Final I | maging Result | |
| Additional Mammographic view(s) | 1,7243 | L R | |
| L R Normal □ □ (1) Negative (Category 1) | Normal | ☐ ☐ (1) Negative (Cate | PT 2. 7 (a) Albert 1. 4-40. |
| □ □ (2) Benign Finding (Category 2) | Abnorm | 교육하는 아내는 사람들이 되었다면 하는데 하는데 없다. | |
| Abnormal □ (3) Probably Benign (Category 3) | 3.55 | □ □ (4) Suspicious Abi | normality (Category 4) |
| □ □ (4) Suspicious Abnormality (Category 4) | | □ □ (5) Highly Suggesting | ve of Malignancy (Category 5) |
| □ □ (5) Highly Suggestive of Malignancy (Category 5) | | | |
| Ultrasound/ | | 10 | Rescreen Reporting only |
| MM DD YYYY | | 5 | Treporting only |
| L R | | | |
| Normal (1) Negative (Category 1) | | | |
| □ □ (2) Benign Finding (Category 2) Abnormal □ □ (3) Probably Benign (Category 3) | | | |
| ☐ ☐ (4) Suspicious Abnormality (Category 4) - Refer to | BCCT | | |
| □ □ (5) Highly Suggestive of Malignancy (Category 5) - Re | | | |
| Other (7) Unsatisfactory - not interpreted - repeat (not positive) | aid) | | |
| BREAST DIAGNOSTIC PRODEDURES | | | |
| Specialist Consultation Date/ Diagnosti | c Work-up Planned □ N | None 0-60 days 61- | 90 days ☐ Reporting only |
| CBE WNL ☐ Yes ☐ No (If "No" indicate finding below) | | | |
| Benign finding ☐ (1) Fibrocystic changes, diffuse lumpir | age alongly defined this | koning or nadularity | |
| | less, clearly defined the | inclining, or nodularity | |
| Suspicious for cancer (2) Discrete palpable mass | | | |
| ☐ (3) Nipple discharge | | | |
| (4) Nipple or areolar scaliness or eryth | | | A PORT OF THE PARTY OF THE PART |
| (5) Skin dimpling, retraction, new nippl prominent veins, or unilateral increase. | | ge, ulceration; also one brea | st lower than usual; or unilateral |
| ☐ (6) Enlarged, tender, fixed, or hard pall | pable supraclavicular, in | fraclavicular, or axillary lymp | n nodes; also swelling of upper arm |
| | | | |
| Fine Needle/Cyst Aspiration / / Cytopath | nology Performed Yes | □ No | ☐ Reporting only |
| Left Breast | Right | Breast | |
| Type Superficial | Туре | ☐ Superficial | |
| ☐ Deep tissue under guidance | | ☐ Deep tissue under gu | uidance |
| Result (1) Negative | Result | (1) Negative | |
| (2) Indeterminate | | ☐ (2) Indeterminate | |
| □ (3) Suspicious for Malignancy - Refer to BCCT □ (4) Malignancy - Refer to BCCT | | | lignancy - Refer to BCCT |
| MO 580-1798 (3/11) | | ☐ (4) Malignancy - Refe | Ch D-2 |

| Biopsy /// | | ☐ Reporting only | | | | |
|---|--|--------------------------------|--|--|--|--|
| | ty Fee □Yes □No Anesthesia □ | | | | | |
| Left Breast Primary Biopsy | Right Breast Primary Biopsy | Additional Primary Biopsies: | | | | |
| ☐ Core Needle ☐ Without Guidance | ☐ Core Needle ☐ Without Guidance | ☐ No additional biopsies | | | | |
| ☐ Stereotactic ☐ Guidance | □ Stereotactic □ Guidance | ☐ 1 additional biopsy | | | | |
| ☐ Incisional ☐ Preoperative placement of clip | ☐ Incisional ☐ Preoperative placement of clip | 2 additional biopsies | | | | |
| ☐ Excisional Radiological Exam ☐ Yes ☐ No | ☐ Excisional Radiological Exam ☐ Yes ☐ No | ☐ 3 additional biopsies | | | | |
| Left Breast Secondary Biopsy | Right Breast Secondary Biopsy | Additional Secondary Biopsies: | | | | |
| | □ Incisional □ Without Guidance | ☐ No additional biopsies | | | | |
| ☐ Incisional ☐ Without Guidance ☐ Excisional ☐ Guidance | □ Excisional □ Guidance | ☐ 1 additional biopsy | | | | |
| ☐ Preoperative placement of clip | □ Preoperative placement of clip | ☐ 2 additional biopsies | | | | |
| Radiological Exam ☐ Yes ☐ No | Radiological Exam ☐ Yes ☐ No | ☐ 3 additional biopsies | | | | |
| | | ☐ Additional Facility Fee | | | | |
| | | | | | | |
| Other Breast Procedure (specify) | | | | | | |
| | MM DD YYYY | | | | | |
| Biopsy Result (Report only most severe result) | Status of Final Diagnosis | | | | | |
| (1) Benign (2) Benign/Atypical | (1) Work-up Complete (Complete Section (| C) | | | | |
| (2) Benigh Adylical (3) Indeterminate | (2) Work-up Pending (3) Lost to Follow-up (Describe in commercial | nt section) | | | | |
| (4) Malignant | (3) East to 1 drow-up (Describe in comment (4) Work-up Refused (Describe in coment | • | | | | |
| | (9) Irreconcilable (Does not follow typical | | | | | |
| | (3) Ineconcilable (Does not follow typical | protocol - Describe) | | | | |
| Next Breast Cancer Screening Date/ MM | V YYYY | | | | | |
| | | | | | | |
| C. BREAST DIAGNOSIS (Diagnostic result with (*) require to | eatment) | | | | | |
| | | | | | | |
| Final Diagnosis | | | | | | |
| ☐ (3) Breast Cancer not diagnosed | | | | | | |
| (4) Lobular Carcinoma In Situ (LCIS) (Stage 0)* | | | | | | |
| (5) Ductal Carcinoma In Situ (DCIS) (Stage 0)* | | | | | | |
| (2) Invasive Breast Cancer* | | | | | | |
| | | | | | | |
| | | | | | | |
| Final Diagnosis/Imaging Date/ | | | | | | |
| MM DD | YYYY | | | | | |
| | | | | | | |
| D. BREAST TREATMENT | | | | | | |
| | | | | | | |
| Status of Treatment | Туре | | | | | |
| ☐ (1) Started | ☐ (1) Surger | у | | | | |
| ☐ (2) Pending | ☐ (2) Radiatio | | | | | |
| (3) Lost to F/U (Describe in comment section) | ☐ (3) Chemo | therapy | | | | |
| (4) Refused (Describe in comment section/Must ha | ve signed waiver) 🔲 (4) Hormor | ne | | | | |
| (5) Not Needed | (5) Immuno | | | | | |
| | ☐ (6) Other (| | | | | |
| | Specify | | | | | |
| | | | | | | |
| | | | | | | |
| Treatment Facility | | | | | | |
| (Facility Name/City) | | | | | | |
| | | | | | | |
| Date Treatment Started | | | | | | |
| MM DD YYYY | Date Treatment Started/ | | | | | |
| | | | | | | |
| COMMENTS | | | | | | |
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MO 580-1798 (3/11) Ch. D-2

Cervical Diagnosis and Treatment Instructions (yellow form)

All forms are specific for each grant year. When submitting an electronic or a paper form, use the version of the form that is dated correctly to correspond with the date of service. At the beginning of each grant year there are multiple versions of this form in MOHSAIC (refer to page 11.16). Be sure to click on the correct version when entering electronic forms. If using paper forms, check for the year of the form in the lower left corner: example (6-10).

NOTE:

The Cervical Diagnosis and Treatment (yellow form) is to collect complete follow-up information for all clients with abnormal breast screening results. Please order blank forms from SMHW by calling 1.573.522.2845.

- A Screening Report (blue form) must accompany or precede the Cervical Diagnosis and Treatment (yellow form). A SMHW or a non-SMHW provider must base the diagnostic service on an abnormal screening result.
- Information from the yellow form is required by CDC and is crucial for statistical reports and studies. All information shall be kept confidential.
- The information on the original form shall be entered electronically in the MOHSAIC system. All reported information shall be filed in the client's record.
- Electronic forms can be accessed at https://webapp01.dhss.mo.gov/SMHW/Default.aspx and https://webapp02.dhss.mo.gov/SMHW/Default.aspx.
- Download paper copies of Patient History, Screening Report, Breast Diagnosis and Treatment, and Cervical Diagnosis and Treatment forms at: http://health.mo.gov/showmehealthywomen/index.php/forms.php.
- If you have additional questions, please call SMHW/WISEWOMAN at 1.573.522.2845 for general assistance with central office staff.
- If you have questions or concerns regarding specific issues with MOHSAIC, contact the ITSD Help Desk by phone at 1.800.347.0887 or by e-mail at support@health.mo.gov.



Other Cervical Procedure

Status of Final Diagnosis

Next Cervical Cancer Screening Date

(2) Work-up Pending

☐ (1) Work-up Complete (Complete Section C)

☐ (3) Lost to F/U (Describe in comment section)

(specify)_

MM YYYY

☐ (4) Work-up Refused (Describe in comment section/Must have signed waiver)

☐ (5) Irreconcilable (Does not follow typical protocol - Describe)

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL SHOW ME HEALTHY MISSOURIANS/SMHW CERVICAL DIAGNOSIS AND TREATMENT P. O. Box 570 Jefferson City, MO 65102-0570 (573) 522-2845

| ENROLLMENT SITE/SATELLITE (NAME AND ADDRE | (SS) | | REFERRING PRO | VIDER (FO | R DIRECT BILLING) | |
|--|--|----------------------------------|------------------|-----------|----------------------|------------------|
| A. PERSONAL DATA | | | 1 | | | |
| NAME (LAST, FIRST, MIDDLE INITIAL) | | | | | | |
| DATE OF BIRTH / / YYYY | SOCIAL SECURITY NUMB | ER | | CLIENT | ELIGIBILITY VERIFIED | о. |
| INSURANCE COVERAGE | DEDUCTIBLE MET | REFERRAL FEE | TYPE OF MEDICARE | | BCCT Ves No | |
| B. CERVICAL DIAGNOSTIC PRO | CEDURES | | | | | |
| Specialist Consultation | DD YYYY | | | | | ☐ Reporting Only |
| Diagnostic Work-up Planned □ No | one 🗆 0-60 Days | ☐ 61-90 days | | | | |
| □ Colposcopy without Biopsy | MM DD YYYY | | | | | ☐ Reporting Only |
| □ Colposcopy | YYYY | | | | 1.0 | ☐ Reporting Only |
| ☐ Cervical Biopsy ☐ Endocervical Biopsy ☐ Endometrial Biopsy (Can on | ly be reimbursed with | ith conviced bioney) | | | | |
| | ☐ (1) 1 Additional Cel ☐ (2) 2 Additional Cel ☐ (3) 3 Additional Cel | rvical Biopsy rvical Biopsies | | | | |
| ☐ Colposcopy inadequate, need to | urther diagnostic | | | | | |
| Conization (Diagnostic procedures | , choose ONLY one | | YYYY | | | ☐ Reporting Only |
| □ LEEP ← OR— | □ (3) 2 A | | → □ Endocervi | cal Cure | ettage (alone) | |

MO 580-2388 (3/11) Ch. D-2A

MM DD

YYYY

| C. CERVICAL DIAGNOSIS | |
|--|----------|
| Final Diagnosis (RECORD MOST SEVERE RESULT) (Diagnostic results with (*) require treatment) | |
| □ (1) Normal/Benign Reactive/Inflammation | |
| ☐ (2) HPV/Condylomata/Atypia | |
| ☐ (3) CIN I/Mild Dysplasia/Low grade SIL (Biopsy Diagnosed)* | |
| ☐ (4) CIN II/Moderate Dysplasia (Biopsy Diagnosed)* | |
| ☐ (5) CIN III/Severe Dysplasia/High Grade SIL/Carcinoma In Situ (CIS), Stage 0 (Biopsy Diagnosed)* | |
| ☐ (6) Invasive (Biopsy Diagnosed)* | |
| □ (7) Other | = |
| Final Diagnosis Date MM DD YYYY | |
| D. CERVICAL TREATMENT | |
| | |
| Status of Treatment ☐ Started | |
| □ Pending | |
| ☐ Lost to F/U (Describe in comment section) | |
| ☐ Work up refused (Describe in comment section/Must have signed waiver) | |
| □ Not Needed | |
| Туре | |
| ☐ Cryotherapy | |
| □ Conization | |
| ☐ Radiation Therapy ☐ Chemotherapy | |
| □ Surgery | |
| ☐ Immunotherapy | |
| ☐ Other Cancer Therapy - Specify | _ |
| | |
| Treatment Facility Facility Name/City | |
| Date Treatment Started / / / / / | |
| 707 | |
| Comments | |
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| O 580-2388 (3/11) | Ch. D-2/ |

Literature Catalog

SMHW/WISEWOMAN provides a catalog of educational literature to use as tools to recruit women for screening services or to explain the screening result and diagnostic service to women who received an abnormal screening result.

These materials are free to SMHW/WISEWOMAN providers and others interested in learning more about SMHW and breast and cervical cancers and WISEWOMAN and cardiovascular health screenings and risk reduction lifestyle education.

- Do not send requests for literature directly to the warehouse.
- SMHW must approve all requests for literature.
- Requests sent directly to the warehouse are limited to one piece per title unless approved by SMHW.

NOTE:

If you need more than the number limit, please contact SMHW / WISEWOMAN for approval.

Copy the SHOW ME HEALTHY WOMEN LITERATURE ONLY request from (refer to page 12.32). Fax the literature request to SMHW at 1.573.522.2898.

SMHW mail and fax information is included on the request from. **DO NOT mail the form directly to the DHSS warehouse.** The SMHW office must approve all requests for literature prior to shipping.

When placing a literature request, include the following:

- Catalog number
- Title, as written (use the English title version for the Spanish language brochures)
- Quantity of brochures

Requests are accepted by:



DHSS, Bureau of Cancer and Chronic Disease Control, Show Me Healthy Women, P.O. Box 570, Jefferson City, MO 65102-0570



(P) 1.573.522.2845



(F) 1.573.522.2898

Literature available in English

| Item # | Cover | Title | Limit | Vendor |
|-----------|---|---|-------|--------------------------|
| 913 | Abnormal Pap Test Results Chairman and Management Oppring | Abnormal Pap Test Results | 25 | Krames |
| 505 | We deserve to live the longest, healthiest life possible and you do tool the Live Vine Life Deposit On R | Show Me Healthy Women program brochure: Free Mammograms and Pap Tests | 100 | Show Me Healthy Women |
| 539 | SHOW MEHEALTHY WOMEN | Get the Facts! Show Me Healthy Women program fact sheet. | 100 | Show Me Healthy Women |
| 919 | BREAST LUMPS Lidentaning and Tranty Commerciate Political | Breast Lumps: Understanding and Treating Common Breast Problems | 25 | Krames |
| 910 | Colposcopy Toking a Chair Eash an New Certic | Colposcopy | 25 | Krames |

| Item # | Cover | Title | Limit | Vendor |
|-----------|--|---|-------|---|
| 159 | How to Examine Your Breast | How to Examine Your Breast: Monthly Breast Self-Exam | 100 | Show Me Healthy Women |
| 527 | FIPVS CHARLE CARRES A A A A A A A A | HPV & Cervical Cancer | 25 | ERT |
| 931 | LEEP Loop Electrosurgical Excision Procedure Removing Sharmal Theat tions have Germa | LEEP: Loop Electrosurgical Excision Procedure | 25 | Krames |
| N/A | The Missouri Tobacco Quittine When you've randy, If it in your hands, Call 1-800-QUITANOV (180) 743-3000) | Missouri Tobacco Quitline Business Card | 25 | Missouri Department of Health and Senior Services |
| N/A | When you're addy 1992 in your items of the second record r | Missouri Tobacco Quitline Postcard | 25 | Missouri Department of Health and Senior Services |
| 976 | Stereotactic Breast Biopsy A Study of Your Breast Tissue | Stereotactic Breast Biopsy | 25 | Krames |

| Item # | Cover | Title | Limit | Vendor |
|-----------|--|--|-------|-----------|
| 501 | Deleverating BREAST CANCER Largey And Moneter Tringy | Understanding Breast Cancer: Surgery and Adjuvant Therapy | 25 | Krames |
| 933 | What You Need to Know About Your Pap Exam | What you need to know about your Pap Exam | 25 | Krames |
| N/A | Build A Healthy Heart Be Tobacco Free | WISEWOMAN Missouri Tobacco Quitline Business Card | 25 | WISEWOMAN |
| N/A | Company Moving | WISEWOMAN/Regional Arthritis Center 'Keep Moving' Coupon | 25 | WISEWOMAN |
| 537 | And the state of t | WISEWOMAN Informational Brochure - English | 100 | WISEWOMAN |
| 499 | | WISEWOMAN Informational Brochure - Spanish | 100 | WISEWOMAN |

Literature available in Spanish

| Item # | Cover | Title | Limit | Vendor |
|----------|--|---|-------|--------------------------|
| 935 (s) | Resultado anormal del Papanicolaou Com mindo de alegament de la companya del companya de la companya del companya de la companya del la companya de la comp | Abnormal Pap Test Results: (Resultado Anormal del Papanicolaou) | 25 | Krames |
| 534 (s) | Merezco vivir una vida tan langa y tan saludable conditive positive, py ta tanurini. | Show Me Healthy Women program brochure: Free Mammograms and Pap Tests (Mamogramas y Pruebas Pap Gratis) | 100 | Show Me Healthy Women |
| 926 (s) | MUESTRAME MUJERES SALUDABLES Toll means Toll | Get the Facts! Show Me Healthy Women program fact sheet. (Muéstrame Mujeres Saludables) | 100 | Show Me Healthy Women |
| 936(s) | NÓDULOS MAMARIOS Descripción y transment de los preferent numerio premient Ferent Lamps | Breast Lumps (Nódulos Mamarios: Descripción y tratamiento de los problemas mamarios comunes) | 25 | Krames |
| 1210 (s) | Colposcopía Mirando el cuello niverno más de cerca | Colposcopy (Colposcopía) | 25 | Krames |

| Item # | Cover | Title | Limit | Vendor |
|-------------|---|---|-------|--------------------------|
| 979 (s) | Como Examinar Suns Senos | How to Examine Your Breast Monthly Breast Self-Examination | 100 | Show Me Healthy Women |
| 538 (s) | El YPH y el cáncer cervical | HPV and Cervical Cáncer (El EPV y el cáncer cervical) | 25 | ERT |
| 1209 (s) | LEEP Procedeniente electrosparingias de entreparin con dambre carro Para entrater bejolo anormal de el corfio untertos | LEEP (Spanish version) | 25 | Krames |
| 937 (s) | to Que Usted Mecasita saber del Examen Papanicolaou (Pap) | What you need to know about your Pap Exam (Examen Papancolaou [Pap]) | 25 | Krames |
| 743 (s) | CANCER DEL SENO | Understanding Breast Cancer: Surgery and Adjuvant Therapy (Lo que debe saber sobre el Cáncer Del Seno: Cirugía y terapia adyuvante) | 25 | Krames |



WISEWOMAN Supply Order Form

| Educational Supplies | Amount Requested | Item # (WW Use Only) | Amount Sent (WW Use Only) | Date Sent (WW Use Only) |
|--|---------------------|-------------------------|---------------------------------|-------------------------------|
| A New LeafChoices for Healthy Living Spiral Booklet | | 11350 | | |
| Heart Healthy Recipes cookbook | | 497 | | |
| Stretch Band | | 11303 | | |
| Stretch Band Exercises handout | | 11255 | | |
| Pedometers | | 11273 | | |
| Using Your Pedometer Handout | | 11368 | | |
| Circles of Change Worksheet | | 11012 | | |
| Educational Tote Bags | | 11291 | | |
| HealthWise Newsletter | | 11051 | | |
| Salt Fact Sheet | | 11020 | | |
| Go Red Heart Checkup Bookmark | | 529 | | |
| MO Arthritis Program Exercise Course Vouchers | | | | |
| Willingness to Change Ruler | | | | |
| Goal Setting Worksheet | | | | |
| Goal Tracking Log | | | | |
| Missouri Tobacco Quitline Referral Card | | | | |
| Corazon de la Familia (Heart of the Family) Manual | | 11030 | | |
| Goal Tracking Log (Spanish) | | | | |
| Program Supplies | Amount Requested | Item # (WW Use Only) | Amount Sent (WW Use Only) | Date Sent (WW Use Only) |
| WISEWOMAN Informational Brochure | | 537 | | |
| WISEWOMAN Assessment Form | | | | |
| WISEWOMAN Referral Form | | | | |
| WISEWOMAN Screening Form | | | | |
| WISEWOMAN Screening Results Handout | | | | |
| WISEWOMAN Client Survey Card | | | | |
| WISEWOMAN Simple Changes Can Reduce Your Risk Card | | | | |
| Cholesterol, Blood Pressure & Weight Tracker Wallet Card | | | | |
| WISEWOMAN Informational Brochure (Spanish) | | 536 | | |
| WISEWOMAN Assessment Form (Spanish) | | | | |
| WISEWOMAN Screening Results Handout (Spanish) | | | | |

| | · | | | 12.3 | í |
|--|--------------|-------------------|------------------|------|---|
| FAX #: 1.573.522.2898 | State/Zip: | | | | |
| | City: | | | | |
| Attention: Tracy Henson SMHW/WISEWOMAN | Mailing Add | ress: | | | |
| Attorition Transitionan | Contact Nan | ne: | | | |
| Date: | Provider Nar | ne: | | | |
| Note: Latino and African American cool http://www.nhlbi.nih.gov/health/health | • | limited quantitie | s at no cost at: | | |
| WISEWOMAN Screening Results Handout (S | panish) | | | | |
| WISEWOMAN Assessment Form (Spanish) | | | | | |
| WISEWOMAN Informational Brochure (Span | ish) | | 536 | | |
| | | | | | |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF CANCER AND CHRONIC DISEASE CONTROL SHOW ME HEALTHY WOMEN

SHOW ME HEALTHY WOMEN P.O. BOX 570 JEFFERSON CITY, MO 65102-0570

PHONE: (573) 522-2845 FAX: (573) 522-2898

REQUEST FORM SHOW ME HEALTHY MISSOURIANS LITERATURE ONLY

THE INFORMATION BELOW MUST BE COMPLETED TO PROCESS YOUR REQUEST

| ORGANIZATION NAME | | DATE |
|--------------------------|--|------------|
| | | |
| | | |
| CONTACT PERSON'S NAME | Ε | PHONE NO. |
| | | |
| CHIDDING ADDRESS (D.O. | Box holders MUST include street address) CITY, STATE, ZIP COD | <u> </u> |
| SHIPPING ADDRESS (P.O. | Box florders wost include street address) CTTT, STATE, ZIP COD | E |
| | | |
| COMPLETE THE INFORMAT | TION DHSS, SHOW ME HEALTHY WOMEN | FOR OFFICE |
| BELOW AND RETURN TO: | P.O. BOX 570, JEFFERSON CITY, MO 65102-0570 | USE ONLY |
| | PHONE: (573) 522-2845 FAX: (573) 522-2899 | |
| PLEASE SEND ME THE FOI | | |
| | TITLE (PLEASE LIST EXACT TITLE) | COMMENTS |
| REQUESTED SUPPLIED | (== 32 == 3 = 3 = 3 = 3 = 3 = 3 = 3 = 3 | |
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| *THE COST OR A LIMITED S | STOCK MAY RESTRICT QUANTITIES SUPPLIED. | |

MO 580-2279 (6-04)

WISEWOMAN Assessment and Screening Form Instructions

NOTE:

ALL clients who participate in Show Me Healthy Women (SMHW) / WISEWOMAN services must complete a WISEWOMAN Assessment Form (refer to page 12.35) at the initial and annual screenings. It is recommended that the client complete the form before the screening exam. Please order blank forms from SMHW by calling 1.573.522.2845.

Information from the WISEWOMAN Assessment is used for data to evaluate the program and the Screening Form is used for screening results. Information from both forms is also reported to the Centers for Disease Control and Prevention (CDC). Eligibility information and personal data are documented on the SMHW Patient History form (refer to page 12.14). All information shall be kept confidential.

The original WISEWOMAN Screening form is entered electronically in the MOHSAIC system. All reported information must be filed in the client's record. If submitting paper forms, please send completed original forms to:

Missouri Department of Health and Senior Services Bureau of Cancer and Chronic Disease Control Show Me Healthy Women P.O. Box 570 Jefferson City, MO 65102-0570

WISEWOMAN Assessment Instructions

The client is given the WISEWOMAN assessment form to complete the front portion. Provider staff shall check form and ask for clarification when needed. All questions in sections A, B and C shall be completed.

- Enter the client's full legal name: last name, first name, and middle initial.
- Enter the client's date of birth.
- Enter the client's Social Security number (SSN). If not available, leave blank.

Section A. Health Assessment

 These questions are used to determine the degree of risk the client has for cardiovascular disease.

Section B. Family Health History

• Review section to determine if form is complete.

Section C. Medications

 Double check with client to see if medication(s) was taken as prescribed the day of the screening.

Sections on back of form

Review sections to determine if form is complete.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES Bureau of Cancer and Chronic Disease Control WISEWOMAN Assessment



| | Æ: | LAST FIRST | MIDD | LE INITIAL | DOB (MM/DD/YYYY) | SOCIAL SECURITY NUMBER |
|----|---------|---|--|--|--|------------------------|
| ۸. | | Health History (Check ⊠ as | s appropria | te) | | |
| 1. | На | ve you ever been told by a doctor, | nurse or othe | r health prof | essional that: | |
| | a. | You have diabetes? | ☐ Yes | □ No | Gestational (pregnan | cy) diabetes only |
| | | | | ☐ Don't | know/not sure | Refused |
| | b. | Your blood cholesterol is high? | ☐ Yes | □ No | ☐ Don't know/not sure | Refused |
| | C. | You have high blood pressure? | Yes | □No | ☐ Don't know/not sure | Refused |
| 2. | На | s a doctor, nurse or other health pr | ofessional eve | er told you th | at you had any of the follow | ving: |
| | He | art attack (also called myocardial in | farction), ang | jina, coronar | y heart disease, or stroke? | |
| | | | Yes | □ No | ☐ Don't know/not sure | Refused |
| В. | | Family Health History (Chec | k 🛛 as app | ropriate) | | |
| | 100 | | | | 23.50.00 | |
| 1. | На | s your father, brother, or son had a | 1 | | | <u> </u> |
| | 11- | - Commission and the second second | ☐ Yes | □ No | ☐ Don't know | Refused |
| ۷. | на | s your mother, sister or daughter ha | | | | |
| | | | ☐ Yes | □ No | ☐ Don't know | Refused |
| 3. | pro | s either of your parents, your brothe ofessional that he or she has diabet | er or sister or es? | your child ev | er been told by a doctor, no | arse or other near |
| | | | | - | | Service Committee |
| | | | ☐ Yes | □ No | Don't know | Refused |
| C. | | Medications (Check ⊠ as ap | - | ∐ No | ☐ Don't know | Refused |
| | - | Medications (Check ⊠ as ap | propriate) | | | |
| | - | | propriate) | | | |
| | A | re you currently taking any medicin | propriate) e prescribed t | by your docto | or, nurse, or other health pro | ofessional for: |
| | A a, | re you currently taking any medicin | propriate) e prescribed t | oy your docto | or, nurse, or other health pro | ofessional for: |
| C | A a, | re you currently taking any medicin High cholesterol? | propriate) e prescribed to Yes Yes, bu | Dy your doctor ☐ No ut not today. | or, nurse, or other health pro ☐Don't know/not sure | ofessional for: |
| | A a, | re you currently taking any medicin High cholesterol? | propriate) e prescribed to Yes Yes, bu | oy your docto ☐ No at not today. ☐ No | or, nurse, or other health pro ☐Don't know/not sure | ofessional for: |

| D. | Health Habits (Ch | ieck (⊠) as app | ropriate) | | | | | | |
|------|--|--|---|--|--|---|--|--|--|
| 1 | Do you smoke cigarettes | every day, some | days, or not at a | 11? | | | | | |
| | | | ☐ Not at All | | know/not sure | Refused | | | |
| | a. Not counting decks, porches, or garages, during the past 7 days on how many days did someone other than you smoke tobacco inside your home while you were at home? | | | | | | | | |
| | Days | ☐ None ☐ | Don't know/not | t sure | Refused | | | | |
| 2. | How many days per wee (Examples are brisk walk in breathing or heart rate | cing, bicycling, vac | rate physical ac cuuming, garden | tivity for 10 mi ing, or any act | nutes or more? livity that causes sr | mall increases | | | |
| | □ 0 □ 1 Day | ☐ 2 Days ☐ 3 [| Days 4 Days | s 5 Days | ☐ 6 Days ☐ 7 [| Days | | | |
| 3. | About how many minute | s do you do these | moderate activi | ties each time | ? | | | | |
| | 0-9 minutes | ☐ 10-20 minu | ites 21 | -30 minutes | ☐ More than | 30 minutes | | | |
| 4. | How many servings of fri juice) do you usually eat | uit (serving is 1 me each day? | edium piece fres | h fruit, ½ cup | cooked or canned, | or % cup 100% fruit | | | |
| | □ 0 □ 1 serving | □2 |]3 🔲 4 | □5 | □6 □ | More than 6 servings | | | |
| 5. | How many servings of ve day? | egetables (serving | is 1 cup raw, ½ | cup cooked o | canned, or ¾ cup | juice) do you eat each | | | |
| | ☐ 0 ☐ 1 serving | □2 □ | 3 🗆 4 | □5 | □ 6 | More than 6 servings | | | |
| E. | Readiness to Cha | ange Habits | | | | | | | |
| | | I do this now | I do this now. | I plan to | | | | | |
| of t | eck the one box by each the following three tements that best scribes your habit today. | and have been doing this for 6 months or longer. | but it has been less than 6 months since I started. | start doing this sometime in the next month. | I am thinking about doing this sometime in the next 6 months. | I am not interested in doing this and have no plans to change. | | | |
| 1. | I eat at least 2 ½ cups of fruits and vegetables each day. | | | | | | | | |
| 2. | I quit smoking. | (or never smoked) | | | | | | | |
| 3. | I am physically active for 30 or more minutes on 5 to 7 days a week. | | | | | | | | |
| F. | Ability to Particip | ate in Physical | Activity | | | | | | |
| 1. | Do you feel pain in your slowly up a hill? | chest or more sho | rtness of breath | than usual wh | en you walk brisk | ly on flat land and walk ☐ Yes ☐ No | | | |
| 2. | In the past month, have | you had chest pair | n when you were | not doing ph | ysical activity? | ☐ Yes ☐ No | | | |
| 3. | Do you lose your balance | e because of dizzi | ness or do you e | ever lose cons | ciousness? [| ☐ Yes ☐ No | | | |
| 4. | Do you know of any other | er reason why you | should not do pl | hysical activity | ? [| Yes No | | | |
| G | Contact Informat | ion | | | | | | | |
| 1. | What is the best way to | | | VOMAN servic | | | | | |
| МО | 580-2687 (5/12) | | | | | | | | |



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES Bureau of Cancer and Chronic Disease Control

WISEWOMAN SCREENING FORM

| Services: | Assessment | □ Annua | Assess | ment | □ 20 n | nin Dia | gnostic | □ 30 |) min D | Diagnosti | ic 🗆 | l Lab On | ıly [| LSI Ed O | nly |
|--|---|-------------------------------|-----------------|--|-------------------|-----------|-----------------|---------------|-------------------|-----------|--------------------|----------------------|-------|--|----------------------------|
| PROVIDER NAME | | | | | | | | | | | | | DATE | | |
| NAME: LAST | FIR | ST | | | MIDDL | E INITIA | L | | OF BIRT DD/YYY | | | | SOCIA | L SECURITY | NUMBER |
| A. CLINICAL MEASUREM Height ft in | IENTS BP 1 st reading | / | | | | Lah wo | ork \ Re | norting | only | Factin | a ctati | ıs (9-12 h | rc) | Yes □ N | ٥Π |
| _ | | | | | | ☐ Fas | ting lipid | l panel | Offig | □ BG | _ | 13 (3-12 11 | 113) | res u iv | . |
| Weight lbs | BP 2 nd reading | | | | | ☐ Tot | al choles | sterol | | | | quantative ening) | | C (prev diag | nosis) |
| BMI | Average | /_ | | | | | | | | | in Aic (Screening) | | | — Nize (pret alagnosis) | |
| Total Cholesterol | HDL-C | LDL-C | | | | Triglyc | erides | | | | Gluco | se | А | A1C | |
| B. CHD RISK CALCULATI | ON Circle | 1 if Yes, 0 if | No | | | | | | | | | | | | |
| Age ≥ 55 years of a Family history of pr Current cigarette si Hypertension: yes Low HDL-Cholester Diabetes mellitus High HDL-Cholester *If risk factors total 2 o | remature CHD moking if ≥140/90 mn ol: yes, if <40 mol: yes if ≥ 60 | mg/dL mg/dL (<i>prote</i> | ective fa | ctor that | reduces | risk scor | e by 1 po | oint) | | Total nui | mber o | of risk fac | _ | 1 1 1 1 1 1 1 1-1 | 0 0 0 0 0 0 |
| C. DIAGNOSTIC OFFICE | VISIT JUSTIFICA | TION: | | | Blood Pr | essure | | holeste | rol/Lipid | ds 🗆 | Gluc | ose | ☐ Sm | oking | |
| D. RISK CLASSIFICATION | N Check risk f | actors(s) ide | ntified | | | | | | | | | | | | |
| Blood Pressure mm/Hg ☐ Prehypertensive: SBI ☐ Stage 1: SBP>140-15 ☐ Stage 2: SBP≥160 or ☐ Alert: SBP>180 or DE | P 120-139 or D 9 or DBP>90-9 · DBP≥100 | | | Cholesterol mg/dL Glucose mg/dL □ Borderline high: 200-239 □ Elevated ≥12 □ High: >240 □ Alert ≤50 or 3 □ Alert: >400 □ Alert ≤50 or 3 | | | | | ed ≥126 (| | :) or ≥200 (r | on-fasting) | | | |
| E. ALERT VALUES VALU | | | | | | | | | | | | | | | |
| Blood Pressure Evaluation Visit Date Status of Work-up* | <7 days for ale | ert | | | erol ation Vis | < | 7 days f | | | E | | tion of Vis | | e <7 days fo | |
| *Alert Value Work-up S | itatus | | | | | | | | | • | | | | | |
| ., , | Complete | (3) Not me | • | | | • | | | | t reading | | | | | |
| (7) No value recorde | . , | nt refused tre | eatment | (9) | Not con | npleted, | client lo | st to foll | ow up | | | | | | |
| F. LIFESTYLE INTERVEN | TION RECORD | | | | | | | | | | | | | | |
| Description | | Individual (date) | Group (date) | | Lengt 30 | h of sess | 60 | ninutes 75 | 90 | Nutriti | ion T | Educat Phys. A | | scription Face-to- | Phone |
| | | (uate) | (uate) | 13 | 30 | 43 | 60 | /3 | 90 | Nutriti | 1011 | Pilys. At | | Face-to- | Pilone |
| Lifestyle intervention se | ession | | | | | | | | | | | | | | |
| Lifestyle intervention se | ession** | | | | | | | | | | | | | | |
| Tobacco cessation | | | | | | | | | | | | | | | |
| ☐ Referred to commun | nity nutrition re | esources | | | | | □R | eferred | to toba | cco cessa | tion re | sources | | | |
| ☐ Referred to commun | nity physical ac | tivity resourc | es | | | | □R | eferred | to Misso | ouri Toba | cco Qı | uitline | | | |
| COMMENTS: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| **Explain setting if mor | e than 1 LSI pro | ovided on the | e same c | late. | | | | | | | | | | | |

Resultados del Análisis WISEWOMAN

Riesgo de Enfermedad Cardiaca y Cerebro-Vascular

Hay ciertos factores de riesgo que usted no puede cambiar, como ser la edad, raza y la historia familiar. Estos son los factores de riesgo que usted puede cambiar:

- Fumar
- Colesterol alto
- Sobrepeso

- Inactividad Física
- Diabetes
- Presión arterial alta

Sus Resultados Wisewoman

Cosas Que Puede Hacer Para Tener Un Corazón Sano

- Deje de fumar. Evite ser fumador secundario.
- Realice actividad física.
- Consuma alimentos que sean sanos para el Corazón. Incluya mas frutas, verduras, granos y
 productos lácteos con bajo contenido de grasa. Evite los alimentos con alto contenido de
 grasas saturadas, trans fat, y colesterol.
- Reduzca el consume de sal y sodio.
- Si tiene sobrepeso, baje de peso y mantenga un peso saludable.
- Si usted consume bebidas alcohólicas, hágalo con moderación.

¡Gracias por participar en el programa WISEWOMAN!

Screening Results Letter



<<Date>>

<<Cli>et Name>> <<Street Address>> <<City>>, MO <<Zip Code>>

Dear WISEWOMAN Client:

Thank you for taking part in the WISEWOMAN health screening that is part of the Show Me Healthy Women program. The results of your heart disease screening are noted on the enclosed form.

If any of your test results are abnormal, your clinician may recommend further medical evaluation and possible medication. Although WISEWOMAN does not provide funds for treatment services, assistance is available for scheduling low-cost appointments to evaluate your abnormal screening results.

Adopting healthy lifestyle habits is recommended to reduce your risk of heart disease and stroke. WISEWOMAN education sessions are available free of charge to assist you in making healthy lifestyle habit changes. Your clinic will assist you in scheduling appointments for the WISEWOMAN lifestyle education sessions.

Again, thank you for taking part in the WISEWOMAN screening program. If you have questions, please contact me at the <<insert name of health care facility>> at <<insert phone number>>.

Sincerely,

<< Insert Name and title>>



WISEWOMAN Referral



| Client Name | | | Appointme | nt date: | | Time: |
|--|------------------------------------|-----------------|-----------|-------------|-------------|-------------|
| Date of Birth | Referred to: | | | | | |
| Address | | | | | | |
| City, State and Zip Phone Number | | | Phone num | ber: | | |
| _ a | od Pressure oolesterol ucose | mgdl | | | | |
| Notes/Comments: | | | | | | |
| V | Descrip | otion | | CPT Code | | |
| 770 | | | ce Visits | | 100 | |
| Diagnostic consulta | | utes) | | 99202W | 7 | |
| The Control of Control of the | ATT THE STATE OF THE | | | - 323320771 | | |
| Diagnostic consulta Medical Evaluation | | utes) | | 99203W | | |
| | 1 Notes: | ites) | | 99203W | | |
| Medical Evaluation Recommendations Physician/NP Signature: | i Notes: | ilt note to the | referring | Date: | Thank v | ou! |

White: Fax to Referral Provider Yellow: Client Copy



Refusal to Participate - WISEWOMAN Education



| Partic Name | • | Provider: | | | | | | |
|----------------|--------|---|--|--|--|--|--|--|
| | | | | | | | | |
| Reas | on(s |) client expressed for refusing: | | | | | | |
| | Hours | of education sessions are not convenient for client. | | | | | | |
| | Client | has too far to travel for education sessions. | | | | | | |
| | Client | has difficulty finding transportation. | | | | | | |
| | Client | cannot find suitable day care for dependents. | | | | | | |
| | Family | y responsibilities make it difficult to keep appointments. | | | | | | |
| | Work | responsibilities make it too difficult to keep appointments. | | | | | | |
| | Client | believes she can make lifestyle changes without assistance. | | | | | | |
| | Client | perceives that lifestyle education will not help her in changing lifestyle behaviors. | | | | | | |
| | Client | is not interested in the lifestyle education at this time. | | | | | | |
| | Other | | | | | | | |
| Note | s: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Signa | ture: | Date: | | | | | | |
| , | | (Health Care Facility Staff) | | | | | | |



Missouri Department of Health and Senior Services
P.O. Box 570, Jefferson City, MO 65102-0570 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 1-800-735-2966 VOICE 1-800-735-2466



Margaret T. Donnelly Director

Jeremiah W. (Jay) Nixon Governor

Waiver Statement

| < <date>></date> | | | |
|--|---|-------------|----------|
| < <client na<br=""><<street ad<br=""><<city>>, M</city></street></client> | | | |
| Dear WISEV | VOMAN Client: | | |
| < <client ss<="" td=""><td>N>></td><td></td><td></td></client> | N>> | | |
| You were ac | lvised that you needed medical follow-up for the | e following | reasons: |
| Reason(s) for Follow-up: | r | | |
| | - | | |
| | | | |
| | | | |
| | | | |
| consequences | that I have been advised as to the need for folsof not getting this evaluation. I have decided to ical evaluation and/or treatment. | • | |
| Client | | | |
| Signature: | | Date: | |
| Witness Signature | | Date | |
| - | <u> </u> | • | <u> </u> |

MISSOURI TOBACCO QUITLINE

Fax Number: 1-800-483-3114 FAX REFERRAL FORM



| Provider Inf | ormation: | | | Date:// |
|--------------------------|---|--------------|------------------|--------------------------|
| Clinic Name: | WISEWOMAN | | | |
| Health Care Provider: | | | | |
| Contact Name | : | | | |
| I am a HIPAA-C | overed Entity (Please check one) | ☐ Yes | ☐ No | ☐ I Don't Know |
| Fax: (| _) | Phone | () | - |
| Comments: | | | | |
| | | | | |
| Patient Info | rmation: | | | |
| Gender: M | ale 🗌 Female | | Pregnant: | Yes |
| Patient Name: | | | DOB: | / / |
| Address: | | City: | | Zip: |
| Hm: () _ | Wk: () | | Cell: (_ | |
| Language Prefe | rence (check one): English | Other | : | |
| Tobacco Type (| check primary use): Cigarettes | s 🗌 Smol | keless Tobacco | ☐ Cigar ☐ Pipe |
| | ready to quit tobacco and request t | the Missouri | Tobacco Quit Lin | ne contact me to help me |
| Client Signature: | | | Date: | |
| Please check th | obacco Quitline will call you. e BEST 3-hour time frame for them m CT □ 11am - 2pm CT □ 2pm 3-hour time frame, please contact | m - 5pm CT | ☐ 5pm - 8pm 0 | CT 🗓 8pm - 11pm CT |



SMHW/WISEWOMAN FAX: 1.573.522.2898

WISEWOMAN Service Record

| Name of Client | | | | | | | Date: |
|-------------------------------------|---|------------------------|--------------|---------|---------|--------|--|
| ☐ Client | provided w | ith scre | ening | results | both ve | rbally | and in writing. |
| Session: | 1 | Time | 15 | 30 | 45 | 60 | Date: |
| Session: | 2 | Time | 15 | 30 | 45 | 60 | Date: |
| Session: | 3 | Time | 15 | 30 | 45 | 60 | Date: |
| Refus | ed further L | SI / Not | motiv | /ated | | | |
| ı | Problems / | Barrier | s Ide | ntified | | | Goals Established |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Notes: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| New Leaf Goal Setti Goal Trac | n tools pro -Choices for ng Workshe king Log | <i>r Health</i> eet | ý Livi —— | ng man | | , | Cookbook Pedometer Exercise Stretch Band Other: |
| Signature | of educator | · | | | | Init | tialsDate |
| • | of educator | | | | | Init | tialsDate |
| Signature | of educator | · _ | | | | Init | tialsDate |
| Signature | of educator | · | | | | Init | tialsDate |

Show Me Healthy Women & WISEWOMAN Provider Manual

Appendices

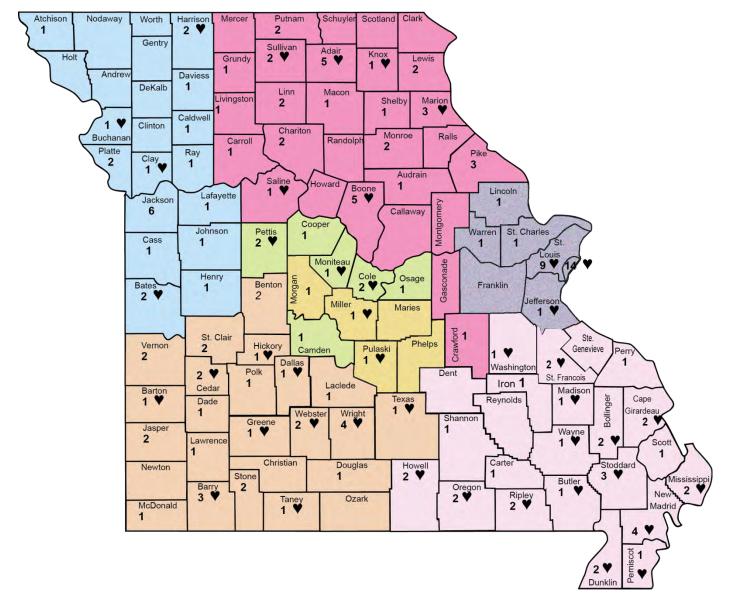
| PROVIDER MAP | 13.1 |
|--|-------|
| REGIONAL PROGRAM COORDINATOR COUNTY LIST | 13.2 |
| PROVIDER LIST | 13.3 |
| SMHW COMMONLY ASKED QUESTIONS | 13.13 |
| WISEWOMAN PARTICIPANT MATERIALS | 13.16 |
| Tools for a Healthy Lifestyle | 13.16 |
| Goal-Setting Worksheet | 13.18 |
| Goal-Tracking Log | 13.20 |
| Using Your Pedometer | 13.22 |
| Stretch Band Tips | 13.23 |
| Stretching Tips | 13.25 |
| Chair Exercises – Upper Body | 13.27 |
| Chair Exercises – Lower Body | 13.29 |
| ACRONYMS/ABBREVIATIONS | 13.31 |
| GLOSSARY OF TERMS | 13.35 |







Provider Map



| Toni Rouen, RN; Kansas City/Northwest Area | P: 816.404.6985 | Pager: 816.247.3637 | F: 816.404.6986 |
|---|-----------------|---------------------|-----------------|
| Leigh Ann Brickey, RN; Central/Northeast Area | | P: 573.522.2845 | F: 573.522.2898 |
| Joi Jungmeyer, RN; Central Area | | P: 573.522.2817 | F:573.522.2898 |
| Christen Haile, RN; Central Area | | P: 573.526.0211 | F: 573.522.2898 |
| Maisha Boyles, RN; St. Louis Area | | P: 314.657.1413 | F: 314.612.5443 |
| Missy Rice, RN; Southwest Area | | P: 417.895.6946 | F: 417.895.6975 |
| Ruth Hudson, RN; Southeast Area | | P: 573.840.9728 | F: 573.840.9119 |

SMHW Regional Program Coordinator County List

Northeast/Central Area Leigh Ann Brickey, RN 573.522.2855

Fax: 573.522.2898

001 Adair 007 Audrain 019 Boone 027 Callaway 033 Carroll 041 Chariton 045 Clark 055 Crawford 073 Gasconade 079 Grundy 089 Howard 103 Knox 111 Lewis 115 Linn 117 Livingston 121 Macon 127 Marion 129 Mercer

163 Pike 171 Putnam 173 Ralls 175 Randolph 195 Saline 197 Schuyler 199 Scotland 205 Shelby 211 Sullivan

137 Monroe

139 Montgomery

Central Area Joi Jungmeyer, RN 573.522.2817 Fax: 573.522.2898

029 Camden 051 Cole 053 Cooper 135 Moniteau 151 Osage 159 Pettis

Central Area Christen Haile, RN 573.526.0211 Fax: 573.522.2898

125 Maries 131 Miller 141 Morgan 161 Phelps 169 Pulaski Southeast Area Ruth Hudson, RN 573.840.9728

Fax: 573.840.9119

017 Bollinger 023 Butler

031 Cape Girardeau

035 Carter 065 Dent 069 Dunklin 091 Howell 093 Iron 123 Madison 133 Mississippi 143 New Madrid 149 Oregon 155 Pemiscot 157 Perry 179 Reynolds 181 Ripley 187 St. Francois 193 Ste. Genevieve

201 Scott 203 Shannon 207 Stoddard 221 Washington 223 Wayne

Southwest Area Missy Rice, RN 417.895.6946 Fax: 417.895.6975

009 Barry 011 Barton 015 Benton 039 Cedar 043 Christian 057 Dade 059 Dallas 067 Douglas 077 Greene 085 Hickory 097 Jasper 105 Laclede 109 Lawrence 119 McDonald 145 Newton 153 Ozark 167 Polk 185 St. Clair 209 Stone 213 Taney 215 Texas 217 Vernon 225 Webster

229 Wright

St. Louis Area Mary Hawkins, RN 314.657.1445 Fax: 314.612.5005

071 Franklin 099 Jefferson 113 Lincoln 183 St. Charles 189 St. Louis 510 St. Louis City 219 Warren

Kansas City and Northwest Area Toni Rouen, RN 816.404.6985 Fax: 816.404.6986

003 Andrew 005 Atchison 013 Bates 021 Buchanan 025 Caldwell 037 Cass 047 Clay 049 Clinton 061 Daviess 063 DeKalb 075 Gentry 081 Harrison 083 Henry 087 Holt 095 Jackson 101 Johnson 107 Lafayette 147 Nodaway 165 Platte 177 Ray 227 Worth

Provider List as of May, 2012

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|-----------|---|-------------------------------------|-----------------------|
| ADAIR | Adair County Health Department 1001 South Jamison Street Kirksville, MO 63501-3941 | (660) 665-8491 | |
| ADAIR | Northeast Missouri Family Health Clinic-OB/GYN 600 West Jefferson, 3rd Floor Gutensohn Building Kirksville, MO 63501 | (660) 626-2264 | YES |
| ADAIR | Northeast Missouri Women's and Family Health Clinic 502 Rosewood Kirksville, MO 63501 | (660) 627-4493 | YES |
| ADAIR | Northeast Missouri Women's and Family Health Clinic 1416 Crown Drive Kirksville, MO 63501 | (660) 627-4493 | YES |
| ATCHISON | Atchison County Health Center 421 Main Street Tarkio, MO 64491-1544 | (660) 736-4121 | |
| AUDRAIN | Audrain Medical Center 620 East Monroe Street Mexico, MO 65265 | (573) 582-4100 | |
| BARRY | Barry County Health Department 65 Main Street Cassville, MO 65625 | (417) 847-2114 | YES |
| BARRY | Barry County Health Department Highway 37 South Monett, MO 65708 | (417) 354-8686 | YES |
| BARRY | Access Family Care 1101 Main Street Cassville, MO 65625 | (417) 847-2114 | YES |
| BARTON | Barton County Health Department 1301 East 12th Street Lamar, MO 64759-2182 | (417) 682-3363 | YES |
| BATES | Adrian Clinic, LLC 57 East Main Adrian, MO 64720 | (816) 297-8700 | YES |
| BATES | Bates County Health Department 501 North Orange Butler, MO 64730 | (660) 476-2194 or (888) 577-4640 | |
| BENTON | Katy Trail Community Health 1330 Commercial Warsaw, MO 65355 | (660) 733-5824 | YES |
| BENTON | West Central Missouri Community Action Agency (WCMCAA)/ Benton County Health Department 1220 Commercial Warsaw, MO 65355 | (660) 476-2194 (888) 577-4640 | |
| BOLLINGER | Bollinger County Health Center 107 Highway 51 North Marble Hill, MO 63764 | (573) 238-2817 | YES |
| BOLLINGER | Cross Trails Medical Center 109 Highway 51 North Marble Hill, MO 63764 | (573) 238-2725 | |
| BOONE | Columbia/Boone County Health Department 1005 West Worley | (573) 874-7356 | YES |

| DOON!E | Columbia, MO 65203 | (550) 22 (255 | |
|-----------------|--|-------------------|-----------------------|
| BOONE | Ellis Fischel Cancer Center 115 Business Loop 70 West | (573) 884-8558 | |
| | Columbia, MO 65203 | | |
| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
| BOONE | Family Health Center of Boone County 1001 West Worley | (573) 214-2314 | YES |
| | Columbia, MO 65203 | | |
| BOONE | University of Missouri Hospitals & Clinics | (573) 882-8511 | |
| | *See Ellis Fischel Cancer Center | (573) 884-8558 | |
| | One Hospital Drive | , | |
| | Columbia, MO 65203 | | |
| BUCHANAN | Social Welfare Board | (816) 344-5214 | YES |
| | 904 South 10th Street, Ste A | | |
| | St. Joseph, MO 64503-2405 | | |
| BUTLER | Butler County Health Department | (573) 785-8478 | YES |
| | 1619 North Main Street | | |
| | Poplar Bluff, MO 63901-3445 | (===) | \ |
| BUTLER | MO Highlands Medical Clinic | (573) 785-6536 | YES |
| | 255 Physician Park Drive, Suite 303 | | |
| CALDWELL | Poplar Bluff, MO 63901 | (000) 250 2055 | |
| CALDWELL | Caldwell County Community Action Agency 101 South Frame | (660) 359-2855 | |
| | Hamilton, MO 64644 | (877) 611-7600 | |
| CAMDEN | Camden County Health Department | (573) 346-5479 | |
| CAMDEN | 1976 North Highway 5 | (573) 346-5479 | |
| | Camdenton, MO 65020 | | |
| CAPE GIRARDEAU | Cross Trails Medical Center | (573) 332-0808 | |
| OAI E OINANDEAO | 408 South Broadview | (373) 332-0000 | |
| | Cape Girardeau, MO 63703 | | |
| CAPE GIRARDEAU | East Missouri Action Agency, Inc | (573) 334-2516 | YES |
| | 1111 Linden Street | (0.0) 00 1 = 0.0 | |
| | Cape Girardeau, MO 63702 | | |
| CARROLL | Carroll County Health Department | (660) 359-2855 | |
| | 5 North Ely | , | |
| | Carrollton, MO 64633 | | |
| CARTER | Big Springs Medical Clinic | (573) 359-2855 | |
| | 405 Main St. | | |
| | VanBuren, MO 63965 | | |
| CARTER | Carter County Health Center | (573) 323-4413 or | |
| | 1611 Health Center Road | (573) 323-4627 | |
| | Van Buren, MO 63965 | | |
| CASS | WCMCAA-Belton Womens Health Services | (816) 322-5012 or | |
| | 119 Congress Street | (888) 577-4640 | |
| OEDAD | Belton, MO 64012 | (447) 070 0440 | \/50 |
| CEDAR | Cedar County Health Department | (417) 276-6416 | YES |
| | 807 Owen Mill Road | | |
| CEDAD | Stockton, MO 65785 Cedar County Memorial Hospital | (447) 976 5477 | VEC |
| CEDAR | 1317 South Highway 32 | (417) 876-5477 | YES |
| | Eldorado Springs, MO 64744 | | |
| CHARITON | Family Health Center | (660) 388-6446 | YES |
| | 307 South Broadway | (000) 388-0440 | ILS |
| | Salisbury, MO 65281 | | |
| CHARITON | Chariton County Health Center | (660) 288-3675 | |
| 5. // titl 5/4 | 206 State Street | (000) 200 0010 | |
| | Keytesville, MO 65261 | | |
| CLAY | Clay County Public Health Center | (816) 595-4357 | YES |
| | 800 Haines Drive | (5.5) 555 1551 | . 20 |
| | Liberty, MO 64068 | | |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|----------|--|-------------------------------------|-----------------------|
| COLE | Cole County Health Department 1616 Industrial Drive Jefferson City, MO 65109 | (573) 636-2181 | YES |
| COLE | Community Health Center of Central MO 3400 West Truman Boulevard Jefferson City, MO 65109 | (573) 632-2777 | YES |
| CRAWFORD | Crawford County Nursing Service 202 West Main Street Steelville, MO 65565 | (573) 775-2555 | |
| DADE | Dade County Health Department 413 West Water Street Greenfield, MO 65661-1353 | (417) 637-2345 | YES |
| DALLAS | Dallas County Health Department 1011 West Main Buffalo, MO 65622-0094 | (417) 345-2332 | YES |
| DAVIESS | Daviess County Health Department 609 A Main St. Gallatin, MO 64640 | (660) 359-2855 | |
| DOUGLAS | Prime Care of Ava 120 Southwest Second Avenue Ava, MO 65608 | (417) 683-6790 | |
| DUNKLIN | Otto Bean Medical Center 509 South By-Pass Kennett, MO 63857 | (573) 717-1332 | |
| GREENE | Jordan Valley Community Health Center 440 East Tampa Street Springfield, MO 65806 | (417) 831-0150 | YES |
| GRUNDY | Green Hills Community Action Agency 1506 Oklahoma Avenue Trenton, MO 64683 | (660) 359-2855 | |
| HARRISON | Harrison County Community Action Agency 4114 Miller Street Bethany, MO 64424 | (660) 425-3755 | |
| HARRISON | Northwest Health Services Cainsville Medical Clinic Inc 707 Victory Lane Cainsville, MO 64632 | (660) 893-5750 | YES |
| HENRY | West Central Missouri Community Action Agency The Christian Church 1201 East Ohio Street Clinton, MO 64735 | (660) 476-2194 or (888) 577-4640 | |
| HICKORY | Hickory County Health Department 201 Cedar Street Hermitage, MO 65668-0021 | (417) 745-2138 | YES |
| HOWELL | Howell County Health Department 180 South Kentucky Avenue West Plains, MO 65775 | (417) 256-7078 | YES |
| HOWELL | Southern Missouri Community Health Center 1137 Independence Drive West Plains, MO 65775 | (417) 255-8464 | YES |
| IRON | Annapolis Family Clinic 202 Allen Street Annapolis, MO 63620 | (573) 598-4213 | |
| IRON | Iron County Health Department 315 W. Mulberry Pilot Knob, MO 63650 | (800) 392-8663 (573) 546-0602 | |
| IRON | MO Highlands Family Care Clinic 3001 Warrior Lane Poplar Bluff, MO 63901 | (573) 785-7453 | YES |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|------------|---|-------------------|-----------------------|
| IRON | Viburnum Medical Clinic #9 Viburnum Shopping Center | (573) 244-5406 | YES |
| | Viburnum, MO 65566 | | |
| JACKSON | Grain Valley Family Medical Care 1439 Minter Way | (816) 404-6791 | YES |
| | Grain Valley, MO 64029 | | |
| JACKSON | Mercy and Truth Medical Mission 6303 Evanston | (816) 356-4325 | |
| IACKCON | Raytown, MO 64133 | (816) 889-4708 | |
| JACKSON | Samuel U Rodgers Health Center 825 Euclid Avenue | (816) 889-4708 | |
| JACKSON | Kansas City, MO 64124-2323 Truman Medical Center Hospital Hill | (816) 404-4100 | YES |
| JACKSON | 2301 Holmes Street Kansas City, MO 64108-2640 | (010) 404-4100 | 123 |
| JACKSON | Truman Medical Center Lakewood | (816) 404-7650 | YES |
| UNIONO OTT | 7900 Lee's Summit Road Kansas City, MO 64139-1246 | (010) 1017000 | 120 |
| JASPER | Jasper County Health Department | (417) 358-3111 or | |
| J. 13. 1 | 105 Lincoln Street Carthage, MO 64836-1512 | (877) 879-9131 | |
| JASPER | Access Family Care | (417) 782-6200 | |
| | 530 South Maiden Lane Joplin, MO 64804 | , | |
| JEFFERSON | Jefferson County Health Department | (636) 797-3737 | YES |
| | 405 Main Street Hillsboro, MO 63050 | (111) | |
| JEFFERSON | Jefferson County Health Department 1818 Lonedell Arnold, MO 63010 | (636) 282-1010 | YES |
| JEFFERSON | Jefferson Regional Medical Center 1400 US Highway 61 South Crystal City, MO 63019 | (636) 933-5757 | |
| KNOX | Northeast Missouri Family Health Clinic 100 East Jackson | (660) 397-3517 | YES |
| LAGLEDE | Edina, MO 63537 | (447) 500 0050 | |
| LACLEDE | Conway Family Clinic 301 S. Newport Conway, MO 65632 | (417) 589-2050 | |
| LAFAYETTE | Rodgers-Lafayette Community Health Center 811A South Highway 13 | (660) 259-3823 | |
| | Lexington, MO 64067 | | |
| LAWRENCE | Lawrence County Health Department 105 West North Street | (417) 466-2201 | |
| | Mount Vernon, MO 65712 | () | |
| LEWIS | Canton Medical Clinic 1802 Elm St. | (573) 288-5360 | |
| 1.514/10 | Canton, MO 63435 | (570) 707 5040 | |
| LEWIS | Lewis County Health Department 101 State Highway A Monticello, MO 63457 | (573) 767-5312 | |
| LINCOLN | Troy OB-GYN | (636) 528-2650 | |
| LINCOLIN | 25 Prospect Circle Troy, MO 63379 | (030) 320-2030 | |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|-------------|--|-------------------------------------|-----------------------|
| LINN | Linn County Community Action Agency 105 West John Street Brookfield, MO 64628 | (877) 611-7600 (660) 359-2855 | |
| LINN | Marceline Community Health Center 225 West Hayden, Suite 200 Marceline, MO 64658-1049 | (660) 376-2038 | YES |
| LIVINGSTON | Livingston County Community Action Agency 511 Elm Street Chillicothe, MO 64601 | (660) 359-2855 | |
| MACON | Macon County Health Department 503 North Missouri Street Macon, MO 63552 | (660) 385-4711 | |
| MADISON | Madison County Health Department 806 West College Avenue Fredericktown, MO 63645 | (573) 783-2747 | YES |
| MARION | Family Planning (NECAC) 805 North 9 th Street Bowling Green, MO 63334 | (573) 324-2566 (573) 221-3404 | |
| MARION | Hannibal Clinic Operations LLC 100 Medical Drive Hannibal, MO 63401 | (573) 221-5250 or (573) 221-7551 | YES |
| MARION | NECAC Family Planning 3518 Palmyra Rd. Hannibal, MO 63401 | (573) 221-3404 | |
| MCDONALD | Access Family Care 927 North Business 71 Anderson, MO 64831 | (417) 845-8300 | |
| MILLER | Miller County Health Center 2152 Highway 52 Tuscumbia, MO 65082 | (573) 369-2359 | YES |
| MISSISSIPPI | East Prairie Branch Office 202 East Pine East Prairie, MO 63845 | (573) 649-5502 | YES |
| MISSISSIPPI | Mississippi County Health Department 1200 East Marshall Street Charleston, MO 63834-1336 | (573) 683-2191 | YES |
| MONITEAU | Moniteau County Health Department 401 South Francis Street California, MO 65018 | (573) 796-3412 | YES |
| MONROE | Monroe City Family Practice 821 Business Highway 24 & 36 East Monroe City, MO 63456 | (573) 735-2506 | |
| MONROE | Monroe County Health Department 310 North Market Street Paris, MO 65275-1047 | (660) 327-4653 | |
| MORGAN | Morgan County Health Department 104 West Lafayette Street Versailles, MO 65084-1346 | (573) 378-5438 | YES |
| NEW MADRID | New Madrid County Health Department 406 Highway 61 New Madrid, MO 63873 | (573) 748-5541 | |
| NEW MADRID | New Madrid Medical Clinic (SEMO) 421 Line Street New Madrid, MO 63869 | (573) 748-2592 | YES |
| NEW MADRID | Sikeston Medical Clinic 200 Southland Drive Sikeston, MO 63801 | (573) 472-1770 | YES |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|------------|--|-------------------------------------|-----------------------|
| NEW MADRID | Portageville Medical Clinic 314 B Main Street Portageville, MO 63873 | (573) 379-5929 | YES |
| NEWTON | Access Family Care 4301 Doniphan Dr. Neosho, MO 64850 | (417) 451-9450 | |
| OREGON | Oregon County Health Department 4th Market Street Alton, MO 65606 | (417) 778-7450 | YES |
| OREGON | Oregon County Health Department 2nd & Market Street - Clinic Site Only Thayer, MO 65791 | (417) 264-3114 | YES |
| OSAGE | Community Health Center of Central MO 1016 E. Main Linn, MO 65051-0020 | (573) 897-4946 | |
| PERRY | East Missouri Action Agency, Inc Women's Wellness Center 519 Old St. Mary's Road Perryville, MO 65775 | (573) 547-7270 or (800) 430-2978 | YES |
| PETTIS | Pettis County Health Department 911 East 16th Street Sedalia, MO 65301-7733 | (660) 827-1130 | YES |
| PETTIS | Katy Trail Community Health 821 Westwood Drive Sedalia, MO 65301 | (660) 826-4774 | YES |
| PHELPS | Phelps/Maries County Health Department 200 North Main Street, Suite G51 Rolla, MO 65401-3070 | (573) 458-6010 or (573) 458-6044 | |
| PIKE | Eastern Missouri Health Services (Inside Pike County Memorial Hospital) 2305 West Georgia Street Louisiana, MO 63353 | (573) 754-4584 | |
| PIKE | Eastern Missouri Health Services 1015 W. Adams St. | (573) 324-5300 | |
| PIKE | Bowling Green, MO 63334 NECAC Family Planning 805 North 9th Street Bowling Green, MO 63334 | (573) 324-2566 (573) 221-3404 | |
| PLATTE | Platte County Health Department 1201 East Street Parkville, MO 64152 | (816) 587-5998 Press 2 | |
| PLATTE | Platte County Health Department 212 Marshall Road Platte City, MO 64079 | (816) 858-2412 | |
| POLK | Humansville Family Medical Center 201 South Arthur Humansville, MO 65674 | (417) 754-2223 | |
| PULASKI | Pulaski County Health Department 101 12th Street Crocker, MO 65452 | (573) 736-2217 | YES |
| PUTNAM | Putnam County Community Action Agency 117 South 16th Street Unionville, MO 63565 | (660) 359-2855 (877) 611-7600 | |
| PUTNAM | Putnam County Memorial Hospital 1926 Oak Street Unionville, MO 63565 | (660) 947-2411 | |
| RANDOLPH | Randolph County Health Department 423 East Logan/PO Box 488 Moberly, MO 65270 | (660) 263-6643 | |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|------------|--|-------------------------------------|-----------------------|
| RAY | Ray County Health Department 820 East Lexington Richmond, MO 64085 | (816) 776-5413 | |
| REYNOLDS | Ellington Family Clinic 205 Walnut Street Ellington, MO 63638 | (573) 663-2525 | YES |
| REYNOLDS | Valley Springs Medical Clinic PO Box 37 Black, MO 63625 | (573) 269-1035 | YES |
| RIPLEY | Missouri Highlands Health Care 110 South 2 nd Street Ellington, MO 63638 | (573) 663-2313 | YES |
| RIPLEY | Ripley County Health Center 1003 East Locust Street Doniphan, MO 63935 | (573) 996-2181 | YES |
| RIPLEY | Naylor Medical Clinic 220 East Broad Street Naylor, MO 63953 | (573) 399-2311 | YES |
| SALINE | Saline County Health Department 1825 South Atchison Avenue Marshall, MO 65340 | (660) 886-3434 | YES |
| SCOTT | Family Medicine Southeast 808 E. Wakefield Ave. Sikeston, MO 63801 | (573) 620-6444 | YES |
| SCOTT | Missouri Delta Medical Center 1008 North Main Street Sikeston, MO 63801 | (573) 472-7535 | |
| SCOTT | Benton Medical Clinic 6724 State Hwy. 77 East Benton, MO 63736 | (573) 645-4200 | |
| SHANNON | Shannon County Family Clinic 209 Main Street Eminence, MO 65466 | (573) 226-5505 | YES |
| SHANNON | Shannon County Health Center 110 Grey Jones Drive Eminence, MO 65466 | (573) 226-3914 | |
| SHELBY | Shelbina Family Practice 400 South Center Street Shelbina, MO 63468 | (573) 588-4131 | |
| ST CHARLES | Barnes Jewish St. Peter's Hospital 10 Hospital Drive St. Peters, MO 63376 | (636) 916-9320 | |
| ST CHARLES | NECAC Health Services 3400 Meadow Pointe Drive O'Fallon, MO 63366 | (636) 240-7350 (573) 231-3404 | |
| ST CHARLES | SSM St Joseph Health Center 300 First Capital Drive St. Charles, MO 63301-2844 | (636) 947-5617 | |
| ST CHARLES | Barnes Jewish St. Peters Hospital 10 Hospital Drive St. Peters, MO 63376 | (636) 916-9320 | |
| ST CLAIR | Sac-Osage Tri-County Clinic 855 Arduser Drive Osceola, MO 64776-0560 | (417) 646-5075 | |
| ST CLAIR | West Central Missouri Community Action Agency 106 West Fourth Street Appleton City, MO 64724 | (660) 476-2194 or (888) 577-4640 | |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|---------------|--|--------------------------|-----------------------|
| STE GENEVIEVE | Ste. Genevieve County Memorial Hospital 800 Ste. Genevieve Drive Ste. Genevieve, MO 63670 | (573) 883-4432 | YES |
| ST FRANCOIS | Avalon OB-GYN 1105 West Liberty Street, Suite 2050 Farmington, MO 63640-1992 | (573) 701-9600 | |
| ST FRANCOIS | East Missouri Action Agency, Inc 403 Parkway Drive Park Hills, MO 63601 | (573) 431-5191 Ext. 1121 | YES |
| ST FRANCOIS | St Francois County Health Center 1025 West Main Park Hills, MO 63601 | (573) 431-1947 | YES |
| ST LOUIS CITY | Barnes Jewish Hospital 4921 Parkview Place, 5th Floor, Suite D, Mail Stop 90-31-601 St. Louis, MO 63110 | (314) 454-8466 | |
| ST LOUIS CITY | Barnes Jewish Hospital - OB/GYN Clinic #1 Barnes Jewish Hospital Plaza, Mail Stop 90-21-400 St. Louis, MO 63110 | (314) 454-7882 | |
| ST LOUIS CITY | Family Care Health Centers 401 Holly Hills Drive St. Louis, MO 63110 | (314) 353-5190 | |
| ST LOUIS CITY | Grace Hill Health Centers, Inc 2600 Hadley Street St. Louis, MO 63106 | (314) 814-8700 | YES |
| ST LOUIS CITY | Grace Hill Soulard-Benton 2220 Lemp St. Louis, MO 63104 | (314) 814-8680 | YES |
| ST LOUIS CITY | Grace Hill South 3400 South Jefferson Avenue St. Louis, MO 63118 | (314) 577-6232 | YES |
| ST LOUIS CITY | Grace Hill St. Patrick 800 North Tucker Boulevard St. Louis, MO 63101 | (314) 802-0711 | YES |
| ST LOUIS CITY | Grace Hill Water Tower 4308 North Grand St. Louis, MO 63107 | (314) 340-3222 | YES |
| ST LOUIS CITY | Grace Hill Murphy - O'Fallon 1717 Biddle St. Louis, MO 63106 | (314) 814-8585 | YES |
| ST LOUIS CITY | Myrtle Hilliard Davis Comprehensive Health Centers I 5471 Martin Luther King Drive St. Louis, MO 63112 | (314) 367-5820 | |
| ST LOUIS CITY | Myrtle Hilliard Davis at Florence Hill 5541 Riverview St. Louis, MO 63120 | (314) 389-4566 | |
| ST LOUIS CITY | Myrtle Hilliard Davis at Homer G. Phillips 2425 North Whittier St. Louis, MO 63113 | (314) 371-3100 | |
| ST LOUIS CITY | Saint Louis University Cancer Center 3655 Vista Avenue St. Louis, MO 63110-2539 | (314) 268-7015 | |
| ST LOUIS CITY | Betty Jean Kerr People's Health Center, Inc 5701 Delmar Boulevard St. Louis, MO 63112 | (314) 367-7848 | YES |
| ST LOUIS CO | Breast Healthcare Center (Missouri Baptist) 3023 North Ballas Road, Suite 630 Town & Country, MO 63131 | (314) 996-7585 | |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|-------------|--|-------------------------------------|-----------------------|
| ST LOUIS CO | Christian Northeast Hospital 11133 Dunn Road St. Louis, MO 63136 | (314) 953-6766 | |
| ST LOUIS CO | Christian Northwest Hospital 1225 Graham Road Florissant, MO 63031-8012 | (314) 953-6766 | |
| ST LOUIS CO | Mercy Hospital St. Louis 607 South New Ballas Road, Suite 1440 St. Louis, MO 63141-8221 | (314) 251-6400 or (877) 569-6400 | YES |
| ST LOUIS CO | People's Health Centers, Inc 11642 West Florissant Florissant, MO 63033 | (314) 838-8220 | YES |
| ST LOUIS CO | People's Health Centers, Inc 7200 Manchester Road St. Louis, MO 63143 | (314) 781-9162 | YES |
| ST LOUIS CO | SSM DePaul Health Center 12303 DePaul Drive Bridgeton, MO 63044 | (314) 739-0924 | · |
| ST LOUIS CO | SSM St. Clare 1015 Bowles Avenue Fenton, MO 63026 | (636) 496-2800 | |
| ST LOUIS CO | SSM St. Mary's 6400 Clayton Road Richmond Heights, MO 63117 | (314) 768-8697 | |
| ST LOUIS CO | St. Anthony's Cancer Center 10010 Kennerly Road 4 South Saint Louis, MO 63128 | (314) 525-4165 or (314) 587-0298 | |
| STODDARD | Cross Trails Medical Center 106 North Oak Street Advance, MO 63730 | (573) 722-3034 | |
| STODDARD | Bernie Medical Clinic 741 South Walnut Street Bernie, MO 63822 | (573) 293-6836 | |
| STODDARD | Stoddard County Health Center 1001 North Highway 25 Bloomfield, MO 63825 | (800) 303-4573 or (573) 568-4593 | YES |
| STONE | Stone County Health Department 109 East 4th Street, PO Box 125 Galena, MO 65656 | (417) 357-6134 | |
| SULLIVAN | Northeast Missouri Family Health Clinic 52334 Business Highway 5 Milan, MO 63556 | (660) 265-1042 | YES |
| SULLIVAN | Sullivan County Community Action Agency 101 East Second Street Milan, MO 63556 | (660) 265-4510 | |
| TANEY | Taney County Health Department 15479 US Highway 160 Forsyth, MO 65653 | (417) 546-4725 | YES |
| TEXAS | Texas County Health Department 950 North Highway 63, Suite 500 Houston, MO 65483 | (417) 967-4131 | YES |
| VERNON | Vernon County Health Department West Central Missouri Community Action Agency 301 North Washington Street Nevada, MO 64772 | (660) 476-2194 or (888) 577-4640 | |
| VERNON | Dr. Scott Beard, MD 627 South Ash, Suite B Nevada, MO 64772-3279 | (417) 667-6800 | |

| COUNTY | PROVIDER | PHONE | WISEWOMAN PROVIDER |
|------------|--|-------------------|-----------------------|
| WARREN | NECAC Health Services | (636) 456-2933 | |
| | 120 East Main | (573) 221-3404 | |
| | Warrenton, MO 63383 | | |
| WASHINGTON | Washington County Health Department | (573) 438-2164 | YES |
| | 520 Purcell Drive | | |
| | Potosi, MO 63664-1598 | | |
| WAYNE | Wayne County Health Department | (573) 224-3218 | YES |
| | 113 Front Street | | |
| | Greenville, MO 63944 | | |
| WEBSTER | Fordland Clinic, Inc. | (417) 767-2273 | YES |
| | 1059 Barton Drive | , | |
| | Fordland, MO 65652-7151 | | |
| WEBSTER | Jordan Valley Community Health Center | (417) 859-2400 | YES |
| | 1166 Banning Street | , , | |
| | Marshfield, MO 65706 | | |
| WRIGHT | Family Walk-In Clinic of Mountian Grove, Inc | (417) 926-3743 or | |
| | 205 West Third Street, Suite 3 | (417) 924-3066 | |
| | Mountain Grove, MO 65711 | , | |
| WRIGHT | Mansfield Clinic, Inc. | (417) 924-3066 | |
| | 304 West Commercial Street | , | |
| | Mansfield, MO 65704 | | |
| WRIGHT | Wright County Health Department | (417) 741-7791 | YES |
| | 300 South Main Street, Suite C | , | |
| | Hartville, MO 65667-8200 | | |
| WRIGHT | Wright County Health Department | (417) 926-0009 | YES |
| | 602 East State Street, Suite B | , | |
| | Mountain Grove, MO 65711 | | |

Most Commonly Asked Questions

Q. What happens when Show Me Healthy Women (SMHW) has covered the screening and/or diagnostic services, but the client needs treatment?

A. Most women who receive SMHW-paid screening and/or diagnostic services and are in need of treatment for breast and/or cervical cancer will be eligible for a special MO HealthNet (Medicaid) Breast and Cervical Treatment (BCCT) program.

Q. How much of the reimbursement for services from SMHW must be paid to the subcontractor?

A. SMHW does not require service providers to pay any specific rate to the subcontractors. The service providers can negotiate a reimbursement rate with the subcontractor, as they feel appropriate. SMHW will only pay the established reimbursement rate to the service provider.

Q. Is it possible to increase the funding amount allocated to our facility?

A. Yes. SMHW can increase the funding amount based on the availability of funds. Fax a letter (573.522.2898) requesting an increase in funding and SMHW will evaluate the request. This letter must be received prior to the end of the contract period to be considered for a funding increase.

Q. If a woman under 30 contacts us reporting that she feels a lump in her breast, can we put her in SMHW?

A. No. On June 30, 2003, SMHW raised the age eligibility to women 35 years or older for all services. If a provider needs assistance locating services for these women, please contact the Regional Program Coordinator assigned to your area.

Q. What do I do when the client doesn't keep her mammogram appointment and her breast screening is now over 90 days?

A. Continue to schedule the mammogram appointment and repeat the clinical breast examination (CBE), if examiner recommends it. Client may have her screening mammogram any time before the 10 months have elapsed for her next annual screening. If the CBE was negative, she does not have to have a repeat CBE in this 10-month period.

Q. Is a client with no Social Security number and no proof of income and residency eligible for SMHW?

A. Yes, if the client signs the client eligibility agreement form in Section 12. The English version is on page 12.9 and the Spanish version is on page 12.10.

Q. How do I report when a SMHW client has surgery after I have sent in the reporting of her diagnostic services?

A. Call the SMHW central office to provide the additional information at 1.573.522.2845 or contact your local Regional Program Coordinator (RPC) (refer to page 13.2).

Q. Who can I call if I have questions?

A. First contact your assigned RPC. If the RPC is not available, contact SMHW central office at 1.573.522.2845, or fax inquires to the SMHW office at 1.573.522.2898.

Q. What if I don't have all the paperwork together while I am waiting for lab results?

A. Hold paperwork until results are available. If it is close to 60 days, contact the lab and express your need to have the results in order to be paid.

Q. What should I submit for reimbursement?

A. Client's reporting form(s).

Q. Who establishes subcontracts?

A. The service providers may establish subcontracts with different facilities. SMHW does not play any role in establishing or assisting to establish subcontracts.

Q. What happens if we submit our forms after 60 days?

A. Payment may be denied. If there are unusual circumstances, contact the billing coordinator at SMHW. Providers must file all forms in a timely manner.

Q. What is the MO HealthNet Breast and Cervical Treatment (BCCT) program?

A. In October of 2000, federal legislation was signed allowing funded programs in the National Breast and Cervical Cancer Early Detection Program (NBCCEDP) to participate in the new BCCT program. In July 2001, Governor Bob Holden signed legislation authorizing matching funds for Missouri to participate in the Medicaid Program, effective August 28, 2001.

Q. Who is eligible for BCCT?

A. Women screened and/or diagnosed with breast and/or cervical cancer, or certain precancerous condition, through SMHW who are under 65 years of age and have a Social Security number or state identification number. SMHW works closely with Department of Social Services MO HealthNet staff when a client needs to be enrolled in BCCT.

Q. How is a SMHW client enrolled in BCCT?

A. SMHW providers establish presumptive eligibility, which entitles a client to temporary full MO HealthNet benefits through BCCT by completing the BCCT Temporary MO HealthNet Authorization letter. The client must also complete the Missouri BCCT MO HealthNet Application. Submit it to a regional MC+ Service Center or local DSS Family Support Division (FSD) office after cancer is diagnosed from a tissue biopsy. See Section 6 for forms and details.

Q. A client received an annual SMHW screening that was normal. She contacts her SMHW provider because she has found a lump in her breast. What will SMHW cover?

A. SMHW will not cover the cost of the office visit but will pay for diagnostic testing if the CBE is abnormal. If the clinician does not find a lump but chooses to complete diagnostic testing as a result of the breast self-examination, SMHW will also cover the cost of diagnostics.

Q. What if a physician who does not participate in the SMHW program refers a woman with a bi-rads IV or V ultrasound to a SMHW provider? Can that woman be enrolled into SMHW and eligible for BCCT services?

A. If a client has a bi-rads IV or V ultrasound prior to enrolling into SMHW, the non-participating provider should refer the client to a SMHW participating provider. The client must meet SMHW eligibility requirements and complete enrollment forms. Then the SMHW provider should submit the woman's screening and diagnostic test results completed by the non-participating provider to SMHW by completing the MOHSAIC forms and submitting them as "reporting only." The SMHW provider may then proceed with performing additional diagnostic services such as a biopsy and submit results to SMHW for reimbursement. If the biopsy is positive for cancer, the client can be qualified for BCCT services. (SMHW must have reimbursed at least one screening or diagnostic service in order for a client to be eligible to receive BCCT services. Please note that if the only SMHW reimbursement is for a SMHW administrative referral fee for reporting only screening and diagnostic services, the client will not qualify for BCCT services).



Learn and Live

TOOLS FOR A HEALTHY LIFESTYLE

from the American Heart Association

http://www.heart.org

The links and resources below are available on the American Heart Association's website. The links and resources contain helpful hints and information about healthy eating, being physically active, and smoking cessation.

How to get there:

Go to http://www.heart.org. Click on the "Getting Healthy" icon in the red bar at the top of the page. In that section, you will find different topics such as: Nutrition Center, Physical Activity and Quit Smoking.

Nutrition Center

The Nutrition Center contains sections on: Healthy Diet Goals, Heart-Smart Shopping, Healthy Cooking, Recipes, Dining Out, Cookbooks and Health Guides. You can get information and tools to help you improve your and your family's diet. It will show you how to start making small changes in your diet. Before you know it, you'll be on the road to healthier hearts and longer lives!

Physical Activity

Physical Activity includes sections on The Price of Inactivity, Physical Activity Improves
Quality of Life, Getting Started-Tips for Long-term Success, AHA Guidelines, Getting
Moving? Where do I Start? and Resources to get you moving. Look for information
about being physically active and programs to help you get started. There is
information on how to be more active in your daily life, a Calorie Use Chart, benefits
of being physically active and tips for being successful when starting and continuing
a physical activity program. It also contains physical activity programs to help you be successful, such
as:

- The START! walking program (http://www.startwalkingnow.org/)
- The Better U program (http://www.goredforwomen.org/BetterU/index.aspx)
- The 30/60/90 day fitness plan (http://www.powertoendstroke.org/tools-fitness-plan.html)

Smoking Cessation

Smoking Cessation includes sections on Quitting Smoking (which has a "Cost of Smoking Calculator" that shows how much money could be saved if a person quit smoking), Your Non-Smoking Life, Urges and Quitting Resources.

Learn More About Your Heart Health

For more information, visit http://mylifecheck.heart.org to learn more about your overall heart health and how to improve your "Simple 7" heart health factors. My Life Check is a quick and easy way to assess your heart health. Using a scale of 1-10, you can see what your current heart health is and what areas you need to work on to improve your score. Below are "The Simple 7" Heart Health Factors that can help you live a long and productive healthy life.





WISEWOMAN Goal-Setting Worksheet



(Recommend setting 2 goals each session)

| I ch | noose to make the following lifestyle changes: |
|------|--|
| | Increase the amount of fruit and vegetables that I eat Recommend 5-9 servings each day |
| | My goal: servings each day |
| | Other eating habit changes |
| | My goal: |
| | Increase my physical activity Recommend 30 minutes of moderate physical activity 5-7 days each week (Activity may be in 10-minute intervals) or 10,000 steps |
| | My goal: minutes or steps |
| | days each week. |
| | Other physical activity goal |
| | My goal: |
| | Goal to quit smoking Recommend Quit Smoking |
| | My goal: |
| | Set a quit date Make a quit plan Tell family, friends, and coworkers and get their support Learn new skills and behaviors to help me quit and stay smoke free Talk to my health care provider about medication that will help Plan ahead and prepare for difficult situations to avoid smoking Other |
| Nex | kt appointment date/time |



WISEWOMAN Determinación de Objectivos

Elijo realizar los siguientes cambios en mi vida



| , | |
|-----|--|
| | Incrementar la cantidad de fruta y vegetales que consumo Se Recomienda 5-9 porciones al día |
| | Mi objetivo: porciones al día |
| | Otros cambios en los hábitos alimentarios |
| | Mi objetivo: |
| | Incrementar la actividad física Se recomienda 30 minutos de ejercicio moderado 5-7 días a la semana (La actividad puede ser hecha en intervalos de 10 minutos) o 10,000 pasos |
| | Mi objetivo:minutos o pasos |
| | Días a la semana |
| | Otro objetivo de la actividad física Mi objetivo: |
| | Objetivo para dejar de fumar |
| | Se recomienda dejar de fumar |
| Mi | objetivo: |
| | Establecer una fecha para dejar de fumar Establecer un plan Avisarle a la familia, a los amigos y compañeros de trabajo y obtener su apoyo Aprender nuevas habilidades y conductas que me ayuden a dejar de fumar y a permanecer libre de humo Consultar con mi médico a cerca de los medicamentos que ayudan a dejar de fumar Planear con anticipación y prepararme para situaciones difíciles para evitar el tabaquismo Otro |
| Pró | oxima fecha de visita al médico |





Healthy Eating, Part IRecord the number of servings you eat each day

| | | ı | ΙO | nda | ıy | | | T | ue | sd | ay | | 1 | Wednesday | | | | | Th | ur | sda | ay | | | Fr | ida | ıy | | Saturday | | | | | | | Sunday | | | | | |
|---|---|---|----|-----|----|----|---|---|----|----|----|----|---|-----------|---|---|---|----|----|----|-----|-----|-----|-----|-----|-----|----|---|----------|---|---|---|---|---|----|--------|---|---|---|---|----|
| Fruits and Vegetables Goal = 5+ per day My goal = per day | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 5 | + ′ | 1 2 | 2 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ |
| Fruits and Vegetables Goal = 5+ per day My goal = per day | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 ! | 5 5 | + ′ | 1 2 | 2 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ |
| Fruits and Vegetables Goal = 5+ per day My goal =per day | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 5 | + ′ | 1 2 | 2 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ |
| Fruits and Vegetables Goal = 5+ per day My goal = per day | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 : | 5 5 | + ′ | 1 2 | 2 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ | 1 | 2 | 3 | 4 | 5 | 5+ |

Physical Activity, Part II

Record the number of minutes of moderate physical activity or the number of steps you take each day.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------------------------|--------|---------|-----------|----------|--------|----------|--------|
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: min/day | | | | | | | |
| Steps: | | | | | | | |
| goal = 10,000 steps/day | | | | | | | |
| My goal = | | | | | | | |
| steps/day | | | | | | | |
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: min/day | | | | | | | |
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: min/day | | | | | | | |
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: | | | | | | | |
| min/day | | | | | | | |
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: min/day | | | | | | | |
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: min/day | | | | | | | |
| Minutes: | | | | | | | |
| goal = 30 min/day | | | | | | | |
| My goal: | | | | | | | |
| min/day | | | | | | | |



Registro de Seguimiento de Objetivos

Alimentación Sana

Marque con un círculo la cantidad de porciones que consume al día.

| | un | es | | | N | lar | te | S | | M | iér | СО | le | S | Jueves | | | | | Viernes | | | | | | áb | ad | 0 | | Domingo | | | | | |
|---|----|----|---|---|----|-----|----|---|---|----|-----|----|----|---|--------|---|---|---|---|---------|---|---|---|---|----|----|----|---|---|---------|---|---|---|---|----|
| Fruta y Verdura Objetivo = 5 + por día Mi Objetivo= per día | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ |
| Fruta y Verdura Objetivo = 5 + por día Mi Objetivo= per día | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ |
| Fruta y Verdura Objetivo = 5 + por día Mi Objetivo= per día | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ |
| Fruta y Verdura Objetivo = 5 + por día Mi Objetivo= per día | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ | 1 | 2 | 3 | 4 | 5+ |



Registro de Seguimiento de Objetivos

Actividad Física

Registre los minutes de actividad física moderada o la cantidad de pasos que realize al día.

| | Lunes | Martes | Miércoles | Viernes | Sábado | Domingo |
|--|-------|--------|-----------|---------|--------|---------|
| Minutos: Objetivo = 30 min/día Mi Objetivo: min/día | | | | | | |
| Steps: Objetivo=10,000 pasos/día Mi Objetivo = pasos/día | | | | | | |
| Minutos: Objetivo = 30 min/día Mi Objetivo: min/día | | | | | | |
| Steps: Objetivo=10,000 pasos/día Mi Objetivo = pasos/día | | | | | | |
| Minutos: Objetivo = 30 min/día Mi Objetivo: min/día | | | | | | |
| Steps: Objetivo=10,000 pasos/día Mi Objetivo = pasos/día | | | | | | |
| Minutos: Objetivo = 30 min/día Mi Objetivo: min/día | | | | | | |
| Steps: Objetivo=10,000 pasos/día Mi Objetivo = pasos/díaKat | | | | | | |

Using Your Pedometer



Here are several simple and easy ways to add steps during your day!

Walk around your house during television commercial breaks.

Take an after dinner walk with family, friends or your dog.

Take the stairs instead of elevators and escalators.

Park further away in store parking lots.

Take walks during your work breaks.

Each step counts towards your goal!



Always think stepsanytime, anywhere!

· Attach.

Attach the pedometer to your waistband or belt, directly above one of your knees.

Position.

Position the pedometer so it is horizontal to the ground, not angled or dangling from your clothing.

Test for accuracy.

Set the pedometer to zero and walk 50 steps. Check the display. If it is reading between 45-55, your step counter is working properly. If it reads more or less than 45-55, reposition the counter on your waist and check again.

Learn your baseline.

Wear the pedometer for three consecutive days, with one of the days being a Saturday or Sunday. Record your steps for each day. Total the steps for the three days. Divide the total steps by three to determine your baseline.

· Set your personal step goal.

If you haven't been exercising, start out slow and easy. Gradually increase your steps to a level that is comfortable yet motivating for you.



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Tips for Using Your Stretch Band

Stretch Band Exercises

- ☑ Use a bow or knot to tie the stretch band. Tie a half-bow and leave one long end for the loop. Always make sure that the knot is secure before exercising.
- ☑ Be careful when using your stretch band—sharp things like rings or nails can damage it.
- ☑ Try to keep the band from folding or wrinkling to keep it from hurting your hands.
- ☑ Do not store your stretch band in direct sunlight or it will get sticky and lose its stretch.
- Move your arm or leg in its regular movement pattern. Do not lock your joints.
- Do not hold your breath—breathe evenly while doing the exercises. Breathe out during the hard phases.
- ☑ Use your arms or legs to pull against the force of the stretched band.
- Control your movements in both directions when using the stretch band. Don't do sloppy movements.
- ☑ The stretch band is not a toy! Keep it away from children so no one gets hurt.

Upper arm strength (triceps)

- Wrap the band behind your back like a shawl.
- Bring one end of the band under the non-exercising arm and hold it in the non-exercising hand.
- ◆ Put the other end of the band over the shoulder of the exercising arm.



- Put your elbow up in front and point it away from your body.
- Straighten the elbow to stretch the band.
- Repeat 15 times with each arm to complete one set. You can do as many as three sets.

Upper arm strength (biceps)

- ♦ Sit in a chair.
- Step on one end of the stretch band.
- Hold the other end of the band with your arm straight down by your side. Be sure there is tension in the band.



- Bend your elbow and pull up toward your chest. Hold.
- * Return to start position.
- Repeat 15 times on each side to complete one set. You can do as many as three sets.

Chest back pull

- Sit or stand with feet shoulder width apart, the same width as your shoulders.
- Loop the band around each palm.
 Lift your arms straight out in front of you.
- Open your arms and pull on the band.
 Hold for a few seconds.
- Relax your arms and then repeat the exercise up to 15 times.

Hip strength (back)

- ◆ Stand facing wall.
- Place hands on wall for stability.
- Keeping knee straight, move leg backwards behind your body.
 Hold.



- ♦ Return to start position.
- ◆ Do up to 15 on each side for a set. Try to build up to doing three sets as you get stronger.
- If you have good balance, you can add some challenge by looping a stretch band firmly around both ankles.

Leg strength (front thigh)

- Tie the ends of the band together to make a loop.
- Put one end of the loop around the back leg of the chair.



- ◆ Loop the other end around one ankle.
- ♦ Slowly, straighten your leg against the band.
- ♦ Hold for a few seconds and then relax.
- Do 15 lifts on each side for a set. Try to do up to three sets of the lifts.

Hip strength (front)

- Sit on a firm surface with your stretch band looped around your thighs.
- Raise one knee to your chest while the other foot stays firmly on the floor.
- ✦ Hold for a few seconds before lowering your leg to the floor.
- Repeat the exercise by raising the other knee.
- Do 15 raises in each set. Try to do up to three sets.

Hip strength (back)

- ♦ Sit in a chair facing table leg.
- Wrap one end of the stretch band around a table leg.
- Tie and loop the other end around the ankle.
- Slowly pull your ankle backward toward the chair.
- Repeat the exercise up to 15 times on each side. Build up to three sets of 15.



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Stretching Tips

Flexibility is an important part of fitness. Good joint flexibility will help prevent injury and reduce low back pain. Follow this routine when you exercise to prevent muscle pulls and reduce soreness:

Warm up → Stretch → Work out → Cool down → Stretch

Always stretch within your own limits... don't overdo it. Here are some tips to help you choose the best way to stretch for you:

- If you have had physical problems or surgery, especially to joints or muscles, talk to your doctor before you start stretching. Try using the stretches that you learned in physical therapy.
- ☑ Relax while you stretch.
- ☑ Stretch with a steady stretch. In other words, hold the stretch for 20 to 30 seconds.
- ☑ Never bounce while stretching.
- ☑ Stretching should not be painful.
- Do not hold your breath while stretching.
- Stretch after you exercise when your muscles are more "stretchable." It will help keep you from feeling sore.

Stretch your muscles in the morning before you get out of bed. Relax and take a stretch break during the day while you watch TV, sit at a desk, or stand in a line. It can help you feel more relaxed and can reduce stress. A few stretches are shown below.

Stretches for arms, chest, and shoulders

Back arm stretch

- Raise your left arm over your head with your elbow bent and pointed at the ceiling.
- Push the left arm back with the right arm until you feel a stretch.
- Hold for 20 to 30 seconds and repeat on other side.

Chest and shoulder stretch

- Hold the ends of a towel and raise your arms over your head.
- Keeping the towel tight, move your hands gently behind your head until you feel your chest and shoulder muscles stretch.
- ♦ Hold for 20 or 30 seconds.



D10.19

13.25

★ Stand about a shoulder's length away from a wall. Step forward with one foot, lean forward and place your hands on the wall. Do not push on the wall. Keep the weight of your body on your stepping leg.



- Bend one knee. Straighten the other leg behind you so that your foot is flat on the floor and pointed straight ahead.
- Gently move your hips forward, keeping your back leg straight and your heel flat on the floor.
- Hold for 20 to 30 seconds and repeat with the other leg.

Back thigh (hamstring) stretch

- Lie on the floor with both knees bent.
 Lie on your bed if you can't lie on the floor.
- ◆ Pull your right knee up to your chest with your hands behind your knee.
- Slowly straighten the leg and push your heel up toward the ceiling until you feel a stretch on the back of the leg.
- ♦ Hold stretch for 20 to 30 seconds.
- * Repeat with the left leg.

Low back stretch

Lie on the floor with both knees bent, Lie on your bed if you can't lie on the floor.

Pull one



- knee up to
 your chest
 with your hands behind your knee. Hold for 20
 seconds.
- Switch legs and pull the other knee up to your chest. Hold for 20 seconds.
- Pull both knees up to your chest. Hold your legs from behind your knees when hugging them to your chest.
- Hug for 20 seconds and then return legs to starting position.
- Repeat all three stretches.

Whole body stretch

- ♦ Lie on the floor flat on your back.
- · Reach your arms over your head. Relax.
- Feel the stretch in your arms, upper body, and sides.
- Relax in this position for at least 30 seconds.



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Chair Exercises • Upper Body

Chair exercises are a good way to be active when you have problems with balance or standing. Try them while you watch TV or listen to the radio. Here's how you can get started with exercises that can improve the strength in your upper body.

Before you begin, here are some tips for sitting correctly as you exercise.

Sitting position

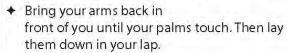
- ◆ Sit in a chair. Keep your head up and facing forward.
- ♦ Keep your back straight and sit all the way back in your chair without leaning on it.
- ♦ Put your feet on the floor and let your arms relax in your lap.

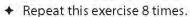
Warm-up

- ☑ Always begin your exercise routine with a warm-up followed by stretching (See page D10.19, Stretching Tips). This builds you up for the workout that strengthens your muscles. After your workout, cool down with the same exercises that you used to warm-up and end with more stretching.
- ☑ Before you get started, remember to breathe as you exercise; it's easy to forget and hold your breath!

Chest and shoulders

- ♦ Sit in the chair. Lift your arms straight out in front of you.
- ♦ Keeping your arms up, slowly open your arms until they are out at your sides.







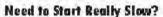
Triceps (back of upper arms)

- ◆ Sitting in the chair, put both of your arms above your head. You should be reaching for the ceiling.
- ◆ Slowly, bring one hand down as if you are trying to pat yourself on the back.
- ♦ Your elbow should stay near your head.
- ♦ Lift your arm back up. Switch arms and do the same thing.
- Repeat this 8 times.



Shoulders

- While sitting, lift both arms out to your sides. Your fingers should be pointing outward.
- Slowly make 12 small circles with your arms.
- Lower your arms back to your side.

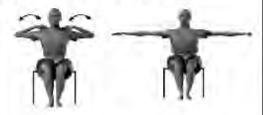


You can do the warm-up exercises for two to three weeks and then add the workout and cool-down.

Workout ...

As you do your muscle workout, focus on the muscles that you are working on. First do exercises with your arms only. As you get stronger, add light hand weights.

Biceps (front of upper arm)

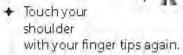


- Sitting in the chair, start with your fingers touching your shoulders. Your elbows should be pointing out to the side.
- Extend your arms out to your side and then bring your fingers back to your shoulders. Do both arms at the same time.
- Do this 15 times. Build up to three sets of 15 lifts.

Up-press

 Sit in the chair. Touch your shoulder with your finger tips.





 Do this 15 times. Build up to doing three sets of 15 lifts.

Triceps (back of arm)

Hold a light weight or can in your hand while you do this one.

- Sitting in a chair, bend your arm and point the tip of the elbow toward the ceiling. Keep the elbow next to your ear.
- Staighten your arm so that your hand points to the ceiling.
- Return your arm to the starting position.
- Do these 15 times on each side, Build up to doing three sets of 15 lifts.

Cool-down 1

Do the same exercises as you did in the warmup, Follow the cool-down with stretches (See Stretching Tips, page D10.19).

Hand weights

You can buy hand weights in a sporting goods store...or make your own out of cans or socks filled with rocks or beans!

Chair Exercises • Lower Body

Chair exercises are a good way to be active when you have problems with balance or standing. You can also do chair exercises while you watch TV or listen to the radio. Here's how you can get started with exercises that improve the strength and flexibility in your lower body.

Before you start, here are some tips for sitting correctly as you exercise.

Sitting position

- Sit in the chair. Keep your head up and facing forward.
- Keep your back straight and sit all the way back in your chair without leaning on it.
- Put your feet flat on the floor and let your arms relax in your lap.

Warm-up

Always begin your exercise routine with a warm-up followed by stretching (See page D10.19, Stretching Tips). This builds you up for the workout that strengthens your muscles. After you workout, cool-down with the same exercises that you used to warm-up and end with more stretching. Before you get started, remember to breathe as you exercise; it's easy to forget and hold your breath!

Calf (lower leg)

- Sit in the chair. Place your hands on your knees. Put your feet dose together.
- Lift your toes off the ground with your heels. Keep your heels on the floor.
- Next, lift your heels off the ground. Keep your toes on the floor.
- Do these moves 15 times slowly. Rest 30 seconds. Do three sets of 15 exercises.

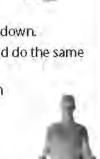


Lea

- In the sitting position, place your hands on your thighs.
- Using one leg at a time, lift your leg straight out in front of you.
- While your leg is in the air, make a big circle with your toe by moving your ankle. Bring your leg down.
- Circle 10 times. Switch legs and do the same thing again.
- Do three sets of 10 circles with each leg.

Sitting march

- In the sitting position, place your hands on your thighs.
- March your legs up and down.
- Keep up the march for one minute.





Need to start really slow?

You can do the warm-up exercises for two to three weeks and then add the muscle workout and cool-down.

Workout =

Leg extension (upper leg)

 While seated, slowly lift one leg straight out in front of you. Hold it up for one second and then lower it.



- Do 10 lifts and then switch to the other leg.
- Build up to doing three sets of the 10 lifts on each leg.

Calf (lower leg)

 Sit in the chair. Place your hands on your knees. Put your feet close together.



- Place a large flat object like a book on your thighs. Pick an object that covers your lap.
- ◆ Lift your heels off the ground. Keep your toes on the floor.
- ♦ Return your heels to the floor.
- ◆ Do the moves 15 times slowly. Rest 30 seconds. Work up to three sets of 15 raises.

Hamstring (upper back leg)

- Sit in the chair. Place your hands on your knees. Put one leg on a coffee table or chair.
- Press the heel of your foot down on the chair or table.
 Feel the muscles behind your leg tighten.



- Hold the press for ten seconds.
- Repeat 10 times
 on each leg.
 Build
 up to doing three sets of 10 presses with each leg.

Inner thigh

- Sit in a chair with a pillow between your knees.
- ◆ Squeeze your knees together. Start with a light press on the pillow.
- Slowly increase the push on the pillow. Then return to a lighter press.



- Hold the hard press for 10 seconds.
- Start with a few presses. As you get stronger, work to doing 20 presses at one time.

Cool-down

Gently cool your muscles down by repeating the exercises that you did during warm-up. Follow the cool-down with stretches (Stretching Tips, D10.19). New Leaf... Choices for Healthy Living © 2001 University of North Carolin at Chapel Hill, Center for Health Promotion & Disease Preventic

Acronyms/Abbreviations

5 A's – assess, advise, agree, assist, and arrange

A1C test – glycosolated hemoglobin test

ACS – American Cancer Society

AD - American Diabetes Association

AGC – atypical glandular cells

AGUS – atypical glandular cells of undetermined significance

AHA – American Heart Association

AIS - Adenocarcinoma in situ

ASCCP – American Society for Colposcopy and Cervical Pathology

ASC-H – Atypical squamous cells, cannot exclude high-grade squamous intraepithelial lesion

ASCUS – atypical squamous cells of undetermined significance

BCCCP – Breast and Cervical Cancer Control Project is the former name of SMHW

BCCT – Breast and Cervical Cancer Treatment (through MO HealthNet)

BMI – body mass index

BSE – breast self-examination

CBE – clinical breast examination

CDC – Centers for Disease Control and Prevention

CHD – coronary heart disease

CIN – cervical intraepithelial neoplasia

CIS – Cancer Information Service

CIS - Carcinoma in situ

CLIA – Clinical Laboratory Improvement Amendments of 1988

CPT – current procedural technology [code]

CVD - cardiovascular disease

CVH - cardiovascular health

DBP – diastolic blood pressure

DCN – departmental client number

DHSS – Missouri Department of Health and Senior Services

DNA – deoxyribonucleic acid

DOB - date of birth

DSS – Missouri Department of Social Services

ECC – endocervical curettage

EOB – explanation of benefits

EFT – electronic funds transfer

FDA – Food and Drug Administration

FLP – fasting lipid panel

FNA – fine needle aspiration

FPL – federal poverty level

FSD – Family Support Division

HBP – high blood pressure

HDL – high density lipoproteins

HDL-C – high-density lipoprotein cholesterol

HIPAA – Health Insurance Portability and Accountability Act

HPV – human papillomavirus

HSIL – high-grade squamous intraepithelial lesion

HTN – hypertension

IFG – impaired fasting glucose

ITSD – Information Technology Services Division

JNC 7 – Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC 7, 2004)

Kg – Kilograms

LDL-C – low-density lipoprotein cholesterol

LEEP – loop electrosurgical excision procedure

LSI – lifestyle intervention

LSIL – low-grade squamous intraepithelial lesion

MDEs - minimum data elements

MI – motivational interviewing

MOAP – Missouri Arthritis & Osteoporosis Program

MOHSAIC – Missouri Health Strategic Architectures and Information Cooperative

MQSA – Mammography Quality Standards Act of 1992

NBCCEDP – National Breast and Cervical Cancer Early Detection Program

NCCDPHP - National Center for Chronic Disease Prevention and Health Promotion

NCEP – National Cholesterol Education Program

NCI - National Cancer Institute

NHLBI – National Heart, Lung, and Blood Institute

NIH – National Institutes of Health

NMR – nuclear magnetic resonance

OATS – Older American's Transport System, Inc.

Pap Stain – papanicolaou stain

Pap Test – papanicolaou smear

PHNPAT – Public Health Nurses Physical Assessment Training

RN – Registered Nurse

RPC – Regional Program Coordinator

SBP – systolic blood pressure

SMHW – Show Me Healthy Women – The current name of Missouri Breast and Cervical Cancer Control Project (BCCCP). New services from the WISEWOMAN grant, a heart health risk assessments and education program, became available to women who receive a paid Show Me Healthy Women cervical and/or breast cancer screening service. With the new services a name change was warranted.

SMTS – Southeast Missouri Transit Services

SSN – social security number

TC - total cholesterol

TLC - therapeutic lifestyle changes

WIC - Woman, Infants and Children Program

WISEWOMAN – Well-Integrated Screening and Evaluation for Women Across the Nation - A heart health risk assessment and education program for women receiving a Show Me Healthy Women cervical and breast cancer screening service.

WNL - within normal limits

Glossary of Terms

- **adenocarcinoma -** A cancer that develops from the glandular epithelium.
- adenoma A benign growth starting in the glandular tissue. (Also see fibroadenoma.)
- advanced cancer A stage of cancer in which the disease has spread from the primary site to other parts of the body, directly or by traveling through the network of lymph glands (lymphatic) or in the bloodstream. When the cancer has spread only to the surrounding areas, it is called locally advanced.
- **alert value -** A screening result that is abnormal and requires tracking by the provider and/or Show Me Healthy Women/WISEWOMAN Regional Program Coordinators to assure appropriate follow-up care is documented.
- **American College of Radiology Accreditation -** A voluntary mammography accreditation program that has become one of the standards for quality assurance. The following major areas are assessed:
 - Personnel qualifications and experience
 - Equipment specification and technical procedures
 - Quality assurance practices
 - Evaluations of mammograms from the applicant's practice and through the use of phantom images
- **anesthesia -** A state characterized by loss of sensation, caused by a drug or gas. General anesthesia causes loss of consciousness. Local anesthesia is numbness in only a specified area.
- antibiotics Chemical substances, produced by living organisms or synthesized (created) in laboratories, for the purpose of killing other organisms that cause disease. Some cancer therapies interfere with the body's ability to fight off infection, so antibiotics may be needed along with the cancer treatment to protect against or kill infectious diseases. The word means "destructive of life."
- **areola -** The dark area of flesh that encircles the nipple of the breast.
- **aspirate** Removal of fluid or cells from a breast lump.
- **aspiration biopsy -** A procedure in which the specimen for biopsy is removed by aspirating it through an appropriate needle that pierces the skin and penetrates into the underlying tissue to be examined. (Also see *fine needle aspiration*.)
- **asymptomatic -** Without noticeable signs or symptoms of disease. Many cancers can develop and grow without producing symptoms, especially in the early stages. Detection tests, such as

- mammography, try to discover developing cancers at the asymptomatic stage, when the chances for cure are usually high.
- **atypia (also atypical) -** The condition of being irregular or not conforming to type not usual, abnormal. Cancer is the result of atypical cell division.
- axilla Also known as the armpit.
- Breast and Cervical Cancer Control Project (BCCCP) See Show Me Healthy Women.
- **benign -** Not malignant, not recurrent, favorable for recovery, not cancer. The main types of benign breast problems are fibroadenoma, fibrocystic changes, and cysts.
- **Bethesda System -** A comprehensive system for the reporting and classification of Pap smear specimens, developed in December 1988. The Clinical Laboratory Improvement Act (CLIA) regulations mandate the use of the Bethesda System for laboratory reporting and proficiency testing.
- **bilateral -** Affecting both sides of the body, for example bilateral breast cancer is cancer occurring in both breasts at the same time (synchronous) or at different times (metachronous).
- **biopsy -** The removal and examination (by a pathologist) of tissue samples, cells or fluids from a living body. An examination of the appearance of the tissue under a microscope is done to find out if cancer or other abnormal cells are present. The biopsy can be done with a needle or by surgery.
- **breast augmentation -** Surgery to increase the size of the breast (also known as breast implants).
- **breast cancer -** Cancer that begins in the breast. The main types of breast cancer are ductal carcinoma in situ, infiltrating ductal carcinoma, lobular carcinoma in situ, medullary carcinoma, and Paget's disease of the nipple.
- **Breast Imaging Reporting and Data System (BIRADS) -** Uniform reporting system for mammography results.
- **breast self-examination (BSE) -** A technique of checking your own breasts for lumps or suspicious changes.
- **breast specialist -** A term describing health professionals who have dedicated interest in breast health.
- **calcifications** Also called microcalcifications. Tiny calcium deposits within the breast, singularly or in clusters, often found by mammography, which indicate a change within the breast.
- **cancer -** A general term for more than 100 diseases in which abnormal or malignant cells develop. Some exist quietly within the body for years without causing a problem. Others are aggressive, rapidly forming tumors that may invade and destroy surrounding tissue. If cancer

- spreads, it usually travels through the lymph system or bloodstream to distant areas of the body.
- **cancer cell -** A cell that divides and reproduces abnormally and can spread throughout the body.
- **capsule formation -** Scar tissue that may form around a breast implant as the body tries to "wall off" or encapsulate the foreign object. Also called a contracture.
- **carcinoma -** A malignant tumor that begins in the lining (epithelial) cells of organs. Epithelial cells are those that cover the surfaces of tissue. It can occur in any part of the body. Eighty percent or more of cancers and all breast cancers are classified as carcinoma.
- carcinoma in situ (CIS) An early stage of cancer in which the cancer is still only in the structures of the organ where it developed and the disease has not invaded other parts of the organ or spread. Most are highly curable. Also called cancer in situ or pre-invasive.
- **case manager -** The member of the medical care team who acts as a liaison. This person coordinates all of the services needed by the client throughout diagnosis, treatment and recovery.
- **clinical breast examination (CBE) -** A physical examination of the breasts performed by a physician, registered or advanced practice nurse or physician's assistant.
- **cell -** The basic unit of which all living things are made. Cells carry out basic life processes. Organs are clusters of cells that have developed specialized tasks. Cells replace themselves by splitting and forming new cells; this is the process that is disrupted by cancer.
- **cervical intraepithelial neoplasia (CIN) -** A cellular change to the mouth of the cervix that may include severe dysplasia and CIS. CIN 3 is the most severe of the three-category classification system.
- cervical precancerous lesions Cervical tissue biopsy results of CIN (CIN 1, 2, or 3) and AIS lesions are considered precancerous lesions. Many CIN 1 and 2 lesions can be treated with simple excisional procedures however, CIN 3 or AIS may lead to a hysterectomy.
- cervix The narrow outer end of the uterus that opens into the vagina.
- **chemotherapy -** The treatment with drugs to destroy cancer cells. Often used in addition to surgery or radiation, or to treat cancer that has recurred.
- **clinical** Description of information that pertains to or is founded on actual observation and treatment of patients, as distinguished from theoretical or basic sciences.
- **clinical trials -** Research studies to test new drugs or procedures, or to compare to current standard treatments with others that may be better or equal.

- **coalition building -** The process of organizing individuals, groups or organizations for the purpose of furthering a common goal or ideal.
- **colposcope -** A magnifying, lighted optical instrument, which allows for the direct observation and study of vaginal and cervical cells.
- **colposcopy -** Diagnostic procedure performed with a colposcope. Cervical biopsies are usually done through colposcopic examination.
- **Comprehensive Cancer Control Program (CCCP) -** A statewide strategic plan, which includes the interaction of a cancer surveillance system, public and professional education, and a screening and follow-up system.
- cone biopsy The removal of a cone-shaped piece of tissue from the cervix. This is a more definitive procedure than a cervical biopsy. It is used when abnormal cells extend up into the cervical opening (Os) or through the tissue. It is also used to treat and cure carcinoma in situ and dysplasia.
- **conization -** The process of removing a cone of tissue, as in partial excision of the cervix uteri. Cold conization is done with a cold knife to better preserve the histologic elements.
- **consensus statements -** Recommendations for the management of a problem, in this case a disease or health problem, formulated by a group of experts based on scientific and clinical information.
- **cryosurgery -** The destruction of tissue by exposure to extreme cold in order to produce well-demarcated areas of cell injury and destruction. Used to treat malignant tumors, control pain, reduce lesions in the brain and control bleeding.
- cyst A fluid-filled mass that is usually benign. The fluid can be removed for analysis.
- **cytology -** Comes from "cyte" which means cell, the study or examination of cells, their origin, structure, function and pathology. It is used to determine whether they are cancerous or benign.
- **detection -** The finding of a case of a disease. Early detection means that the disease is found at an early stage, before it has grown large or spread to other sites. Mammography and Pap tests are the principal ways to detect breast and cervical cancer early.
- **diagnosis -** Identifying a disease by its signs, symptoms and laboratory findings. The earlier a cancer is diagnosed, the better chance for cure.
- **diagnostic breast services -** Refers to specialist consultation; additional mammography views; ultrasound; fine needle aspiration; needle, incisional and excisional biopsies relating to breast cancer.

- **diagnostic cervical services -** Refers to specialist consultation, colposcopy with/without biopsy and diagnostic LEEP relating to cervical cancer.
- **diagnostic mammogram -** Defined by the American College of Radiology as "mammography performed on women who, by virtue of symptoms or physical findings, are considered to have a substantial likelihood of having breast disease."
- dimpling A pucker or indentation of the skin on the breast. It may be a sign of cancer.
- **dissemination -** In health education, the dispersal of information, products or services to a population.
- **duct -** A pathway. In the breast, a passage through which milk passes from the lobule (which makes the milk) to the nipple.
- **ductal carcinoma in situ -** Cancer cells that started in the milk ducts and have not penetrated the duct walls into the surrounding tissue. A highly curable form of breast cancer that is treated with surgery.
- **ductal papilloma -** Small, a finger-like noncancerous growth in the breast ducts that causes bloody discharge. Most often found in women 45-50 years of age. When they exist, breast cancer risk is slightly higher.
- **dysplasia -** An abnormality in size, appearance and organization of adult cells. A biopsy is needed for diagnosis.
- **ectocervix** The outside, visible portion of the cervix.
- endocervical curettage (ECC) The surgical scraping of the lining of the uterine cervix.
- **endocervix -** The mucous membrane lining the canal of the cervix, sometimes referred to as the endocervical canal.
- **endocrine glands -** Glands that release hormones into the bloodstream. The ovaries are examples of endocrine glands.
- **endocrine therapy -** Manipulation of hormones for therapeutic purposes.
- **endometrium -** The membrane lining of the uterus.
- epidemiology The collection and statistical analysis of data relating to the factors that have an impact on health and how they relate to one another. In the study of people who get cancer, the analysis of specific types of cancer and the factors that play a part in the development of that cancer.
- **estrogen -** A female sex hormone produced primarily in the ovaries, possibly in the adrenal cortex. In men it is produced in the testes (in much smaller amounts than in women). In women, levels of estrogen fluctuate on nature's schedule, influencing the development of secondary

- sex characteristics, including breast size, regulation of the monthly cycle of menstruation and preparing the body for fertilization and reproduction. In breast cancer, estrogen may feed the growth of cancer cells.
- **etiology -** The study of the cause of disease. In cancer there are many etiologies, although research shows that genetics is a major factor in many cancers.
- false negative Negative results of a screening test, when in reality the result should be positive.
- **false positive -** Positive results of a screening test that mistakenly identifies a disease when one is not present.
- **federal poverty level (FPL) -** A measure of income determined annually by the U.S. Census Bureau based on the last calendar year's increase in prices as measured by the Consumer Price Index. It is used to determine a person's eligibility for certain programs. A woman is eligible for SMHW if her income is at or below 200 percent of the FPL.
- **fibroademona -** A type of benign breast tumor composed of fibrous tissue and glandular tissue. On clinical examination or breast self-examination, it usually feels like a firm, round, smooth lump. These usually occur in young women.
- **fibrocystic changes -** A term that describes certain benign changes in the breast. Symptoms are breast swelling or pain. Signs are nodules, lumpiness and nipple discharge. Not cancerous.
- fibrocystic condition The presence of single or multiple benign cysts in the breasts.
- fibrosis Formation of fibrous (scar) tissue, which can occur anywhere in the body.
- **five-year survival -** Survival of cancer for five years after treatment of the disease. This is a milestone for most cancer patients, indicating treatment was successful.
- **genes -** Segments or units of DNA that contain information on hereditary characteristics such as hair or eye color and height. Women who have the BRCA1 gene have inherited a tendency to develop breast cancer.
- **genetic -** Something related to the genes.
- **glands -** Organs that produce and release chemicals used locally or elsewhere in the body. This term is often used incorrectly to mean lymph nodes.
- **grade -** The classification of the severity of a disease.
- **gynecological consultation -** A referral to a gynecologist for an abnormal screening examination follow-up.
- **health education -** Any combination of learning experiences designed to facilitate voluntary adaptations of behavior conducive to health.

- **health promotion -** Activities directed toward developing the resources of clients that maintain or enhance well-being.
- **hereditary cancer syndrome -** One or several types of conditions associated with cancers that occur within multiple family members, because they have an inherited, mutated gene.
- high-grade squamous intraepithelial lesion (HSIL) The Bethesda System classification for a Pap smear result that includes cellular changes of moderate to severe dysplasia (CIN 2 and 3/CIS).
- **high risk -** A higher risk of developing cancer compared with the general population. Some factors that place a person at a higher risk are a family medical history, lifestyle choices and the exposure to environmental influences.
- hormone Chemical substance released into the body by the endocrine glands, such as thyroid or ovaries. The substance travels through the bloodstream and sets in motion various body functions. For example, prolactin, which is produced in the pituitary gland, begins and sustains the production of milk in the breast after childbirth.
- human papillomavirus (HPV) A sexually transmitted virus implicated in the pathogenesis of cervical cancer and its precursor lesions. HPV infections of the genital tract are thought to be the most common sexually transmitted viral disease. The manifestations of HPV are variable, ranging from occult infection to overt disease in which there is clinical and pathological evidence of HPV infection. Of the approximately 70 types of HPV, 20 types are detectable in the female genital tract and 15 types have been found in the majority of invasive carcinomas.
- hyperplasia An abnormal increase in the number of cells in a specific area, such as the lining of the breast ducts. This overgrowth may be due to hormonal stimulation, injury or continuous irritation. It is not cancerous by itself, but when the proliferating cells are atypical, the risk of cancer developing is greater.
- **hysterectomy -** The surgical removal of the uterus. Types include a total hysterectomy, in which the uterus and cervix are removed, and radical hysterectomy, in which ovaries, oviducts, lymph nodes and lymph channels are removed with the uterus and cervix.
- **imaging -** Any method used to produce an image of internal body structures. Some methods used to detect cancer are x-rays, magnetic resonance imaging (MRI), bone scans, scintigraphy, computerized axial tomography (CAT scans), and ultrasonography.
- **immune system -** The complex system by which the body resists invasion by a foreign substance such as a bacterial infection or a transplanted organ.
- **incidence** The number of new cases of a disease or condition diagnosed during a specified time.
- **incisional biopsy -** The surgical removal of a portion of an abnormal area of tissue for microscopic examination.

- indicated but not performed (refused) An examination result that applies to the field used to record examination results. This entry is marked when a client does not want the recommended examination or when a client has periodically missed appointments.
- infiltrating ductal carcinoma A cancer that starts in the milk passages of the breasts (ducts) and then breaks through the duct wall, where it invades the fatty tissue of the breast. When it reaches this point, it has the potential to spread or metastasize elsewhere in the breast, as well as to other parts of the body through the bloodstream and lymphatic system. Infiltrating ductal carcinoma is the most common type of breast cancer, accounting for about 80 percent of breast malignancies.
- **inflammation -** A local response to cellular injury to the immune system that is marked by capillary dilatation, redness, heat, pain, swelling or infiltration by cells.
- **inflammatory breast cancer -** A rare cancer, where the breast looks as if it is inflamed because of its red appearance and warmth. The skin shows signs of ridges and wheals or may have a pitted appearance, and the cancer tends to spread quickly.
- **infraclavicular nodes -** Lymph nodes located beneath the clavicle (collarbone). They are part of the network of axillary (armpit) nodes.
- **internal mammary nodes -** Lymph nodes beneath the breast bone on each side. The lymph glands of the breast drain into the internal mammary nodes.
- **intervention -** A strategy incorporating methods and techniques that interact with a patient or population.
- **intraductal papilloma -** A benign tumor that starts in the ductal system of the breast. It can cause discharge from the nipple. A woman with papillomatosis (multiple intraductal papillomas) is at increased risk of developing breast cancer.
- **invasive cancer -** A cancer that has invaded surrounding tissue and spread to distant parts of the body.
- **invasive cervical carcinoma -** Infiltration of cancer cells into the tissue beyond the epithelium of the cervix. This term indicates that a malignant growth extends deeper than 3 mm into the stroma.
- **lobes**, **lobules**, **acini** Milk-producing tissues of the breast. Each of the breast's 15 to 20 lobes branches into smaller lobules, and each lobule ends in scores of tiny acini. Milk originates in the acini and is carried by ducts to the nipple.
- **lobular carcinoma (infiltrating or invasive) -** A type of breast cancer that starts within the lobules. It may be multicentric (occurring in multiple lobules). Compared with other types of breast cancer, this type has a higher chance of occurring in the opposite breast as well. It can often be difficult to diagnose, even with careful physical examination or mammography.

lobular carcinoma in situ - A very early type of breast cancer developing within the milk-producing glands (lobules) of the breast. It does not penetrate through the wall of the lobules. Researchers think that lobular carcinoma in situ does not eventually become an invasive lobular cancer. They believe, instead, that it places women at an increased risk of developing an invasive breast cancer later in life. This condition makes it important for women with lobular carcinoma in situ to have a physical examination three to four times per year and an annual mammogram.

local excision - The removal of a lesion or tumor confined to the breast.

localized breast cancer - A cancer that arose in the breast and is confined to the breast.

- loop electrosurgical excision procedure (LEEP) A surgical procedure used on the cervix by which an electrical current generating a radio frequency is passed through a wire loop, which is then drawn around the cervical opening (Os) to excise the tissue. The procedure can usually be performed in an outpatient setting with the use of local anesthesia. Depending on the size of the loop and of the lesion, either the transformation zone or a cone-like specimen can be obtained. LEEP and large loop excision of transformation zone (LLETZ) are terms used for this procedure.
- **low-grade squamous intraepithelial neoplasia (LSIL) -** The Bethesda System classification for a Pap smear result, which includes cellular changes of HPV, mild dysplasia (CIN 1) or koilocytotic atypia.
- **lump -** Any kind of mass that can be felt in the breast or elsewhere in the body.
- **lumpectomy -** Removal of the breast lump plus a margin of normal tissue around it. If tissue is found to be malignant, radiation therapy or mastectomy often follows. Also called limited breast surgery.
- **lymph -** Clear fluid that passes within the lymphatic system and contains cells known as lymphocytes. These cells fight infections. They have a lesser role in fighting cancer.
- **lymph nodes (lymph glands) -** Small masses of bean-shaped tissue located along the lymphatic vessels that remove waste fluids from lymph and acts as filters of impurities in the body.
- **malignant tumor -** A mass of cancer cells that may invade surrounding tissues or spread to distant areas of the body.
- mammogram An x-ray of the breast.
- **mammography facility -** An entity that has met SMHW requirements to become an approved provider or provides mammography services for other SMHW-approved providers.
- **Mammography Quality Standards Act of 1992 (MQSA) -** The national accreditation of mammography units through the FDA.

- mastectomy Surgical removal of the breast(s): (1) Modified radical mastectomy: removal of the breast, skin, nipple, areola and most of the auxiliary lymph nodes on the same side, leaving the chest muscle intact. (2) Halstead radical mastectomy: removal of the breast, skin, both pectoral muscles, and all auxiliary lymph nodes on the same side. (3) Extended radical mastectomy: removal of the breast, skin, pectoral muscles (major and minor), and all auxiliary and internal mammary lymph nodes on the same side. (4) Partial mastectomy: removal of less than the whole breast, taking only part of the breast in which the cancer occurs and a margin of healthy breast tissue surrounding the tissue. (5) Prophylactic mastectomy: removal of the interior of one or both breasts. This procedure is done before any evidence can be found, for the purpose of preventing cancer. It is recommended for a woman at a very high risk of breast cancer; its efficacy is not proven. (6) Quadrantectomy: partial mastectomy in which the quarter of the breast that contains tumor is removed. (7) Segmental mastectomy: partial mastectomy. (8) Total mastectomy: removal of only the breast.
- **medical professional/clinician -** Physician, physician's assistant, certified nurse practitioner, certified nurse midwife or registered nurse.
- **medullary carcinoma -** A specific histology of infiltrating breast cancer in which the tumor appears well defined, with obvious boundaries between tumor tissue and normal tissue. Medullary carcinoma accounts for five percent of breast cancer.
- **menarche -** The first menstrual period. Early menarche (before age 12) is a risk factor for breast cancer, possibly because the earlier a woman's periods begin the longer the exposure to estrogen.
- **menopause -** The time in a woman's life when monthly cycles of menstruation cease forever and the level of hormones produced by the ovaries decreases. Menopause usually occurs in the late 40s or early 50s, but surgical removal of the ovaries (oophorectomy) or the ovaries and uterus (total hysterectomy) can also induce it, as can some chemotherapy that destroys ovarian function. Among such chemotherapies are some that are used for breast cancer.
- **metaplasia** Abnormal replacement of cells of one type by cells of another type. It does not represent a malignant or premalignant condition.
- **metastasis -** The spread of cancer cells to distant areas of the body by way of direct extension, lymph system, or bloodstream.
- minimum data elements (MDE) Clinical data items submitted to CDC two times a year.
- **needle aspiration -** Removal of fluid from a cyst or cells from a tumor. In this procedure, a needle and syringe (like those used to give injections) are used to pierce the skin, reach the cyst or tumor, and with suction, draw up (aspirate) specimens for biopsy analysis. If the needle is thin, the procedure is called fine needle aspiration (FNA).

- **needle localization -** A procedure used to do a breast needle biopsy, when the lump is difficult to locate or in areas that look suspicious in the x-ray but do not have a distinct lump. After an injection of local anesthesia to numb the area, a thin needle is inserted into the breast. X-rays are taken and used to guide the wire to the area to be biopsied. A tiny hook on the end of the wire holds it in place. Then a hypodermic needle (like the type used to give injections) is inserted, using the path of the wire as a guide, and the biopsy is completed. (Also see *needle aspiration*.)
- **neoplasia** The pathologic process that results in the formation and growth of a neoplasm.
- **neoplasm -** Any abnormal growth; neoplasms may be benign or malignant. Cancer is a malignant neoplasm.
- **nipple -** The tip of the breast; the pigmented projection in the middle of the areola. The nipple contains the opening of milk ducts from the breast.
- **nipple discharge -** Any fluid coming from the nipple. It may be clear, milky, bloody, tan, gray or green.
- **nodal status -** A count of the number of lymph nodes in the armpit (axillary nodes) to which cancer has spread (node-positive) or has not spread (node-negative). The number and site of positive axillary nodes help forecast the risk of breast cancer recurrence.
- node A lymph gland.
- nodule A small, solid lump that can be located by touch.
- **Nolvadex -** Trade name for tamoxifen, an antiestrogen drug commonly used in breast cancer therapy. (Also see *tamoxifen*.)
- **noncancerous -** Benign; not malignant; no cancer is present.
- **normal hormonal changes -** Changes in breast and other tissues that are caused by fluctuations in levels of female hormones during the menstrual cycle.
- not needed (omitted) A category used to record examination results when it is not appropriate to perform a screening test on that particular woman. This choice might be marked under mammography results, if a woman had a mastectomy of one breast or under the Pap smear results if she had a recent Pap smear at her own provider's office, is pregnant, or has had a hysterectomy.
- **nucleus -** The powerhouse at the center of a cell where the cell's important activities are carried out. DNA is housed and replicated in the nucleus.
- nurse practitioner A nurse who is licensed as a registered nurse (RN) and has taken additional highly specialized training and is nationally certified and recognized by the Missouri State Board of Nursing as an Advanced Practice Registered Nurse. Nurse practitioners must have

- written collaborative agreements with a physician. They take on additional duties in diagnosis and treatment of patients, and in many states they may write prescriptions. (Also see *oncology nurse specialist*.)
- oncologist A physician who is specially trained in the diagnosis and treatment of cancer. Medical oncologists specialize in the use of drugs and chemotherapy to treat cancer. Radiologic oncologists specialize in the use of x-rays (radiation) to kill tumors. Surgical oncologists specialize in the use of surgery to treat cancer. Medical and radiation oncologists often cooperate in giving complicated treatments.
- oncology nurse specialist A nurse who has taken highly specialized training in the field of cancer after being licensed as an RN (registered nurse). Oncology nurse specialists may mix and administer treatments, monitor patients, prescribe and provide aftercare (only if they are recognized by the Missouri State Board of Nursing as an Advanced Practice Registered Nurse) and teach and counsel patients and their families. Many oncology nurse specialists are also certified nurse practitioners. (Also see case manager, nurse practitioner.)
- **oncology social worker -** A person who has a master's degree in social work and has specialized in the field of cancer. This person provides counseling and assistance to people with cancer and their families, especially in
- dealing with the crises that can result from cancer but are not medical, such as financial problems, housing when treatments must be taken at a facility far away from home and child care.
- **ovary -** A reproductive organ in the female pelvic region. Normally a woman has two ovaries. They contain the eggs (ova) that, joined with sperm, result in pregnancy. Ovaries are also the primary site of production of estrogen. (Also see *estrogen*.)
- Paget's disease of the nipple A form of breast cancer that begins in the milk passages (ducts) and involves the skin of the nipple and areola. A sign of Paget's disease is a crusting, scaly, red inflamed tissue (dermatitis) lesion on the nipple. With true Paget's disease, cancer is usually also present within the breast. This is a rare type of breast cancer that occurs in only 1 percent of cases. If no lump can be felt, it generally has a good outcome (prognosis).
- **palliative treatment -** Therapy that relieves symptoms, such as pain, but does not cure the disease. Its main purpose is to improve the quality of life.
- **palpation -** A simple technique in which a health care provider presses on the surface of the body to feel organs or tissues underneath. A palpable mass in the breast is one that can be felt.
- **Papanicolaou smear (Pap test) -** A screening test of the cells of the cervix used to detect early signs of cervical cancer.
- **Papanicolaou stain (Pap stain) -** A multichromatic staining process that is used primarily on gynecological specimens. It provides great transparency and delicacy of detail, which is important in cancer screening, especially of gynecologic screens.

- pathologist A physician who specializes in the identification of abnormalities and disease by examining body tissue under a microscope and organs. The pathologist determines whether a lump is benign or cancerous.
- **pathology -** A study of disease through examination of body tissues and organs under a microscope for evidence of disease. Any tumor thought to be cancer must be diagnosed by examination under a microscope.
- pectoral muscles Muscles attached to the front of the chest wall and upper arms. The larger group is called pectoralis major, and a smaller group is called pectoralis minor. Because these muscles are in close proximity to the breast, they may become involved in breast cancer or surgery to treat it.
- pelvic examination An internal physical examination used to detect a variety of gynecological disorders. The pelvic examination is performed by a physician, nurse or physician's assistant, and includes a visual inspection of the vagina and cervix as well as palpation of the uterus and ovaries.
- **pigment -** A class of substances that provide color, including in the human body. The areola and nipple of the breast are pigmented with melanin. Normally a brownish tint, melanin, in these areas of the breast can range from pale pink to deep brown.
- **predisposition -** Susceptibility to a disease that can be triggered under certain conditions. For example some women have a family history of breast cancer and are therefore predisposed (but not necessarily destined) to develop breast cancer.
- **premalignant -** Abnormal changes in cells that may, but not always, become cancer. Most of these early lesions respond well to treatment and result in cure. Also called precancerous.
- **prevalence -** A measure of the proportion of persons in the population with a particular disease at a specified time.
- **prevention -** Avoiding the occurrence of an event, such as development of cancer, by avoiding things known to cause cancer and participating in activities that can or might prevent cancer. For example, avoiding smoking may prevent lung cancer, and taking tamoxifen may prevent breast cancer in women who are at high risk for the disease.
- **preventive services -** Programs or products that are developed and provided for the purpose of health promotion and maintenance.
- **primary site -** The site where cancer begins. It is usually named after the organ in which it starts; for example, breast cancer.
- **progesterone -** A female sex hormone released by the ovaries to prepare the uterus for pregnancy and the breasts for milk production (lactation).

- **prognosis -** A prediction of the course of disease, including the prospects for a cure. For example, women with breast cancer that was detected early and received prompt treatment have a good prognosis.
- **prosthesis (breast) -** An artificial form that can be worn under the clothing after a mastectomy to simulate the shape and form of a natural breast. (Plural: prostheses.)
- **protocol** A formalized outline or plan.
- **public health district -** Missouri is divided into six public health districts. These districts are referred to as regions in this manual.
- **quality assurance -** The overall process of assessing and maintaining the highest possible quality in the acquisition and interpretation of results.
- radiologic technologist A health professional (not a physician) trained to properly position patients for x-rays, to load film and take the images, and to develop and check the images for quality. Since mammograms (breast x-rays) are done on a machine that is used only for mammograms, the technologist must have special training in mammography. The films taken by the technologist are sent to a radiologist to be read.
- **radiologist -** A physician who has taken additional years of training to produce and read x-rays and other types of images (for example, ultrasound or magnetic resonance imaging) for the purpose of diagnosing abnormalities.
- **radiology -** A branch of medicine concerned with the use of radiant energy in the diagnosis and treatment of disease.
- **radiotherapy** Treatment with radiation to destroy cancer cells. Methods used include linear accelerators, x-rays, cobalt, and betatrons. This type of treatment may be used to reduce the size of a cancer before surgery or to destroy any remaining cancer cells after surgery. Also called *irradiation* and *radiation therapy*.
- **Reach to Recovery -** A visitation program of the American Cancer Society for women who have a personal concern about breast cancer. Carefully selected and trained volunteers, who have successfully adjusted to breast cancer and its treatment, provide information and support to women newly diagnosed with the disease.
- **reactive changes -** Normal changes in tissue as a result of the body's reaction to an irritation or infectious agent.
- **recurrence -** Cancer that has re-occurred or reappeared after treatment. *Local recurrence* is at the same site as the original cancer. *Metastasis* means that the disease has recurred at a distant site. *Regional recurrence* is in the tissue or lymph nodes near the site.
- **regimen -** A strict, regulated plan of diet, exercise, or other activity designed to reach certain goals. In cancer treatment, it is a plan to treat cancer.

- **regional involvement -** The spread of cancer from its original site to nearby areas such as muscles or lymph nodes, but not distant sites such as other organs.
- **regional program coordinator (RPC) -** SMHW staff persons located in several regions of the state who assist with referrals for diagnosis and treatment and provide service coordination/case management services for women enrolled in SMHW.
- **rehabilitation -** Activities to adjust, heal, and return to a full, productive life after injury or illness. This may involve physical restoration (such as the use of prostheses, exercises and physical therapy), counseling and emotional support.
- **risk factor -** Anything that increases a person's chance of getting a disease such as cancer. The known risk factors for breast cancer are: being a woman over the age of 50; family history of the disease, especially in one's mother or sister; beginning menstrual periods at a young age (before age 12); obesity; never having completed a pregnancy; first pregnancy after age 30.
- saline solution A saltwater solution.
- **scan -** A study using either x-rays or radioactive isotopes to produce images of internal body organs.
- scant cellularity An unsatisfactory Pap smear with inadequate cellularity.
- **scirrhous cancer -** A breast cancer with a hard, firm, fibrous texture; usually an infiltrating ductal carcinoma.
- **screening -** The search for disease, such as cancer, in people without symptoms. Screening may refer to coordinated programs in large populations. The principal screening measure for breast cancer is mammography.
- **screening guidelines -** Recommendations for the application of screening procedures, which are formulated by professional and governmental agencies.
- **screening mammogram -** American College of Radiology defines a screening mammogram as "an x-ray breast examination of asymptomatic women in an attempt to detect breast cancer, when it is small, nonpalpable and confined to the breast."
- **screening provider(s)** Health departments, primary care facilities, and/or any other entities under contract with Missouri's SMHW program to provide breast and cervical cancer screening services.
- **screening services -** Refers to clinical breast examination, Pap smear, pelvic examination, mammography, instruction in breast self-examination, and informational and educational services relating to breast and cervical cancer by providers of SMHW services.
- **secondary tumor** A tumor that forms as a result of spread (metastasis) of cancer from its site of origin.

- **shall/must/should** Reference to the words "shall" and "must" indicate mandatory program policy.

 "Should" indicates recommended program policy relating to program management and patient care that the provider is urged to follow.
- **Show Me Healthy Women** (SMHW) The functional entity created within the Missouri Department of Health and Senior Services, Division of Community and Public Health, Section of Health Promotion and Chronic Disease Prevention, Bureau of Cancer and Chronic Disease Control, to implement and manage all components of the grant.
- **silicone gel -** Synthetic gel compound used in breast implants because of its flexibility, strength, and texture, which is similar to the texture of the natural breast. Silicone gel breast implants are available for women who have had breast cancer surgery. (See *breast augmentation*.)
- **sonogram -** An image produced by using high-frequency sound waves. This technique is used to examine and measure internal body structures and detect bodily abnormalities but does not utilize radiation or x-rays.
- **speculum -** A metal or plastic instrument that permits visual inspection of the cervix and performance of a Pap smear.
- staging A method of determining and describing the extent of cancer, based on the size of the tumor, whether regional axillary lymph nodes are involved, and whether distant spread (metastasis) has occurred. Knowing the stage at diagnosis helps decide the best treatment and the prognosis.

stages of breast cancer:

Stage 0: The earliest stage of breast cancer; the disease is in situ.

Stage I: The tumor is 2 cm or less and has not spread beyond the breast

Stage II: The tumor is more than 2 cm and has spread to regional lymph nodes such as the lymph nodes under the arm or the tumor is more than 5 cm in diameter and no regional nodes are involved.

Stage III: The tumor is any size and has spread to several regional lymph nodes and/or other tissues near the breast.

Stage IV: The cancer has spread to other organs and/or tissues by way of direct extension, lymph system and/or bloodstream.

stages of cervical cancer:

Stage 0: The earliest stage of cervical cancer; the disease is in situ.

Stage I: Cancer has not spread beyond the cervix and uterus.

Stage II: Cancer has spread beyond the uterus but not to the pelvic wall or to the lower third of the vagina.

Stage III: Cancer has spread to the pelvic wall and/or involves the lower third of the vagina and/or regional lymph nodes.

- **Stage IV**: The cancer has spread to other organs and/or tissues by way of direct extension, lymph system and/or bloodstream.
- stereotactic biopsy A diagnostic procedure that combines the technology of radiological imaging with surgical biopsy. In a stereotactic biopsy, images of the area surrounding a lesion are taken from different angles and a computer precisely calculates the location of the lesion. An automatic biopsy needle is then used to obtain samples of the tissue at the exact spot calculated by the computer.
- **subcutaneous mastectomy -** A surgery to remove internal breast tissue, yet the nipple and skin are left intact.
- **supraclavicular nodes -** Lymph nodes that are above the collarbone (clavicle).
- **surgery -** An operation, a procedure performed by a surgeon to repair or remove a part of the body or to find out if disease is present.
- **surgical or specialist consultation -** A referral of a woman to a surgical specialist for additional diagnostic evaluation, following detection of a breast or cervical abnormality.
- survival rate A way of expressing how long, on average, people may live after diagnosis of disease or after treatment of the disease. It is expressed as the percentage of people who live a certain period of time, as opposed to the percentage of those who die. For example, the five-year survival rate for women with localized breast cancer (including all women living five years after diagnosis, whether the patient was in remission, disease-free, or under treatment) was 78 percent in the 1940s, but in the 1990s it was 93 percent.
- **suspicious abnormality -** A finding on a test that indicates cancer might be present.
- **synchronous -** At once or at the same time.
- **systemic disease -** In breast cancer, a tumor that originated in the breast has spread to distant sites, such as the liver, chest, brain, bones or lungs.
- **tamoxifen (brand name: Nolvadex) -** A drug that blocks estrogen; an antiestrogen drug. Blocking estrogen is desirable in some cases of breast cancer because estrogen feeds the growth of certain types of tumors.
- target population The desired or intended audience, in this case for SMHW interventions.
- therapy Any of the measures taken to treat a disease. *Alternative therapy* is any therapy that has not been approved. Some alternative therapies are used along with standard therapy. Some are harmless, some may be helpful, and others can be dangerous, especially if they divert a person with cancer from receiving standard therapy. Also called *questionable methods* or *unproven methods*. Some people use alternative therapies along with standard therapy; in this approach, the health care team should be informed of the alternative method used. *Experimental therapy* is any new, as-yet-unproven method that is being tested for specific

- purposes in a scientific clinical trial. *Standard therapy* is any method that has been scientifically tested and proven useful for specific purposes and is the standard treatment.
- **tissue -** A collection of similar cells, united to perform a particular function. There are four basic types of tissue in the body: epithelial, connective, muscle and nerve.
- **transformation -** A multistep process by which normal cells change into neoplastic cells.
- **tumor -** Tissue growth in which the cells multiply uncontrollably, also called *neoplasm*. It can be either benign or malignant. *Benign tumor* is a noncancerous tumor (i.e., does not invade and destroy adjacent normal tissue). *Malignant tumor* is a tumor that is cancerous and likely to cause death unless adequately treated.
- ultrasonography (ultrasound) An imaging method in which high-frequency sound waves are used to outline a part of the body. High-frequency sound waves are transmitted through the area of the body being studied. The sound wave echoes are picked up and displayed on a television screen. This painless method is used mainly to find out if a structure is solid or liquid. It is useful in detecting breast cysts in young women with firm, fibrous breasts. No radiation exposure occurs.
- underinsured A patient is considered underinsured if she has medical insurance that does not cover SMHW screening services or if she has an unmet deductible or required copayment for services covered by SMHW.
- underserved Groups of individuals who chronically lack access to health care for a variety of reasons.
- **unilateral -** Affecting one side of the body. For example, unilateral breast cancer occurs in one breast only. (Also see *bilateral*.)
- unproven methods of cancer management Any therapy that has not been subjected to traditional scientific study and proved effective in clinical trials. Such methods range from harmless to life threatening, especially if they are used in place of medically sound methods of treatment. The American Cancer Society maintains a reference file on unproven methods of cancer management. Information is available by request from the society's toll-free cancer information hotline, 1-800-ACS-2345. (Also see therapy.)
- **x-rays -** One form of radiation that can, at low levels, produce an image of cancer on film, and at high levels can destroy cancer cells